

# St. Mark's Hospital

The Hospital for Intestinal and Colorectal Disorders

The Biennial Report 2007/2008



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# Preface

Since 1837 St. Mark's Hospital has provided specialist care to patients with intestinal diseases. Our success has been through multi-disciplinary team working, drawing on the expertise of many health care professionals from diverse backgrounds. The achievements of these individuals have been carefully documented over the years in the St. Mark's Annual Report. The 172nd manifestation of this present document continues the tradition. After the trials and tribulations of 2005, 2006 proved to be a productive and successful year. St. Mark's has been regenerated by new consultant appointments and an attitude which is positive and forward thinking.

As the reader will see, clinical, teaching, research and fundraising activities are flourishing and of high quality. - The lion has re-found its roar.

## **Editor**

Brian P Saunders

## **Assisted by**

Judith Landgrebe

Janice Ferrari

## **Photographers**

Mike Zeiderman

Sue Thomasen



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# St. Mark's Hospital

## Patrons, Senior Staff and Trustees

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### The Board of Patrons

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Sir Walter Bodmer FRS  
Mrs Eileen Carey  
Sir John Chalstrey  
Mr Derek Coe  
Lord Foster of Thamesbank OM  
Lord McColl of Dulwich  
Lady McGregor of Durriss  
Lord McNally of Blackpool  
Dr Joy Newman  
Lady Riches  
Lady Sainsbury  
Mr Evan Stone QC  
Mr Keith C Wetherell  
Lord Wolfson of Marylebone

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### Emeritus Staff

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#### Consultants

Professor EW Walls MD BSc FRCS FRCSed FRSEd  
Sir Ian Todd KBE MS MD FRCS FCS (SA) FRACS FACS FRCPGlas  
BC MORSON CBE VRD MA DM FRCP FRCS FRCPATH Hon FRACS  
CV Mann MA MCh FRCS  
Professor JE Lennard-Jones MD FRCP FRCS  
A Brook MD FRCPsych  
BM Thomas MB BS FRCP FRCR  
PR Hawley MS FRCS  
JPS Thomson DM MS FRCS  
Professor RW Beard MD FRCOG  
CB Williams MA BM MChir FRCP FRCS  
S Goolamali MD FRCP  
Professor IC Talbot MS FRCPATH  
Professor AB Price MA BM MCh FRCPATH  
Professor CI Bartram MB BS FRCP FRCS FRCR  
Professor RJ Nicholls MA MChir FRCS FRCPGlas

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### Senior Staff

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#### Consultant Surgeons

Professor JMA Northover MS FRCS  
Professor RKS Phillips MS FRCS  
PJ McDonald MS FRCS  
SJD Chadwick MS FRCS  
CJ Vaizey MD FRCS  
RH Kennedy MS FRCS  
SK Clark MD FRCS

#### Consultant Physicians

Professor MA Kamm MD FRCP FRACP  
MR Jacyna MD FRCP  
HJW Thomas MA PhD FRCP  
BP Saunders MD FRCP  
M Pitcher MD FRCP  
S Gabe MD FRCP  
C Fraser MD MRCP  
N Arebi PhD MRCP  
S Thomas Gibson MD MRCP

#### Consultant Histopathologists

T Guenther MD PhD Priv.-Doz, Dr. med.habil  
L Harbin MBBS BSc MRCP MRCPATH

#### Consultant Radiologists

M Marshall MB FRCR  
D Burling MD FRCR  
A Gupta MD FRCR

#### Consultant Psychiatrist

J Stern BA MB ChB MRCPsych

#### Consultant Psychologists

P McHugh MSc CPsych  
E Serrano-Ikkos CPsych PhD

#### Consultant Epidemiologist

Professor W Atkin MPH PhD

#### Consultant Nurses

Professor C Norton PhD MA RN  
M Vance RGN DIP MSc  
A Davidson MSc Dip HE RN

#### Consultant Anaesthetists

M Brunner MB MS FRCA  
M Grover BSc MBBS FRCA  
M Hasan MB ChB FRCA  
J Harris MB BS FRCA  
K Konieczko MB BS FRCA  
D Newton MB BS FRCA  
V Ramachandra MB BS FRCA  
N Robinson MB ChB FRCA

#### Honorary Consultants

J Elkabir MB BS FRCS (Eng) FRCS (Urol) FEBU  
W Hyer MRCP MRCPCH  
M Slevin MB ChB FRCP MRCP

Urology  
Paediatrics  
Medical Oncology

D Fermont MB BS FRCR FRCS	Oncology
R Glynn-Jones MB BS FRCR MRCP	Oncology
C Higgens MD FRCP	Rheumatology
M Kapembwa BSc MB FRCP FRCPEd	G. U. Medicine
A Keat MD FRCP	Rheumatology

Sir Francis Avery Jones Visiting Professor  
Professor JF Colombel - France

Sir Alan Parks Visiting Professor  
Professor N Mortensen – UK

#### Nurse Specialists

M Baulf	Endoscopy
A Chai	Endoscopy
J Duncan	Biofeedback
A Davidson	Nutrition & IF
J Kennedy	Nutrition & IF
R Man	Endoscopy
C Norton	Continence
S Robinson	Periop Colorectal Practitioner
C Taylor	Macmillan
S Varma	Stoma Care
J Williams	Lecturer in Nursing
S Wright	Periop Colorectal Practitioner
M Vance	Endoscopy
A Vujnovich	Stoma Care
L Younge	Inflammatory Bowel Disease

#### Pharmacists

J Eastwood BPharm

#### Social Worker

Solveig Wilson css

#### Managers

Professor RKS Phillips	Clinical Director
Dr BP Saunders	Dean
Mr PJ McDonald	Sub-Dean
Mrs V Enser	Asst. Dir. Ops Elective Services
Mrs P Rubin	Asst. Dir. Ops Elective Services
Ms A Curry	The Robert & Lisa Sainsbury Wing
Mrs N Dutton	Patient Services Manager
Miss J Landgrebe	Academic Administrator
Ms K McGuire	Services Manager
Mrs V Pryor	Diagnostic Services Manager
Mrs J McCarthy	Head of Specialist Nursing

### North West London Hospitals NHS Trust

#### Chairman

Mr Tony Caplin

#### Non-Executive Directors

Dr John Rhys

Dr John Green

Ms Shelagh Szulc

Mr Ketan Varia

Mr David Squire

#### Executive Directors

Mrs Mary Wells/Mrs Fiona Wise	Chief Executive Officer
Ms Karen Taylor	Operations
Mr Nick Hulme/Mr Daniel Elkeles	Chief Operating Officer
Mr Mike Burke	Medical
Mr Kishamer Sidhu	Finance
Mr Don Fairley	Finance and IT
Ms Raj Bhamber	Interim Director of People and Organisational Development
Mr Phillip Sutcliffe	Corporate Services
Ms Elizabeth Robb	Nursing
Dr Charles Cayley	Associate Medical

## St. Mark's Hospital Clinical Director's Report

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In 2007 we had a change in the Trust Chief Executive and Deputy Chief Executive. Mary Wells was replaced by Fiona Wise and Nick Hulme by Daniel Elkeles. Trust support for St Mark's has remained strong and St Mark's has remained a major net contributor to Trust finances.

We were all extremely sorry when later in 2007 Professor Jeremy Jass needed to take a prolonged leave of absence on health grounds, succumbing to his illness in late 2008. Jeremy was a world-renowned histopathologist and a leader in the understanding of pathways to colorectal cancer formation. He was a good friend and colleague and will be sorely missed.

Professor Michael Kamm left to take up a Chair in Melbourne, Australia, at the end of January 2008. Dr Max Pitcher became Chairman of Medicine.

In 2007 Dr Ailsa Hart joined us as a 'new blood' Senior Lecturer, a joint appointment with Imperial College. In 2008 Mr Ian Jenkins joined as our second laparoscopic surgeon. Mia Small also joined as Nurse Consultant in Nutrition and Intestinal Failure. Caroline Mitchell, our Divisional Manager, departed and was followed by Pat Rubin and most recently by Tina Benson.

Later in 2007 CRUK employees at St Mark's had their contracts of employment re-deployed through Imperial College, bracing that link.

Looking to the future, the removal of Culyer funding to support innovation and research is a potential threat to the St Mark's approach. Alternative methods of funding through Department of Health grants would be greatly strengthened by further invigorating our bonds with Imperial.

Other potential areas that also need consideration include: the relation between the CRUK Family Cancer Clinic and Polyposis Registry and laboratory facilities; strengthening clinical trials in IBD in North West London, which would facilitate the introduction of new biological agents into clinical practice; expanding Intestinal Failure from a role predominantly involving longer term, more chronic medical and surgical issues to an expanded role receiving much sicker patients directly from ITUs around the country; and consolidating the recurrent cancer practice. Indeed, there is much scope to expand the St Mark's footprint to the mutual benefit of the Trust, Imperial, and most of all our patients.

The Trust already strongly supports the laparoscopic thrust and to this end has appointed a second laparoscopic surgeon, Ian Jenkins, and built a state of the art laparoscopic theatre. The Trust supports an expansion of intestinal failure surgery and has agreed the business case for another intestinal failure surgeon who will also support the more complex inflammatory bowel disease surgical practice. Plans for a new anorectal surgeon are afoot.

St Mark's continues to do well with a high volume of surgical and medical referrals and with an enthusiastic, multidisciplinary staff. Watch this space!

**Robin Phillips**

Clinical Director



## St. Mark's Hospital

### Wards and Outpatients

#### Modern Matron

Jane Campbell

#### Senior Sister

Vanitha Kanagaratnam

Louise Williams

#### Sister

Maureen Pillay

Jas Dhiman

Maura Prenter

Ann Callaghan

Alison Manley

Jitka Adio

#### Staff Nurses

Pauline Anderson

Sam Kay

Fiona Keely

Donna Smith

Vanessa Lopez

Mercy Amoah

Cecilia Obi

Niamh Garry

Mohammed Dahir

Azam Shamsi

Madeleine McCormack

Janet Superio

Chandy Gungadin

Eleanor Ntiamoah

Les Buencamino

Joy Odita

Sushma Paudel

Lolita Niepes

Marilyn Sackey

Anna Shetty

Shellah Chakandinakira

Barbara Rugge

Amirtha Prabhakaran

Nirmalie Madurawala

Miralie Legaspi

Dev Ramgoolam

Sabina Meyer

Suzy Mahon

Elizabeth Kamara

Pat Balasubramaniam

Imer Haxhia

Claire O'Mahoney

Emma Fairhurst

Bilu Joseph

#### Health Care Assistants

Maureen Jarrett

Rosy Vijayamanoharan

Vivian White

Manjeet Sikand

Sheila Waterworth

Jennifer Piper

Aaron Cabangon

Romaine Joseph

#### Administrative Staff

Nancy Swasbrook

Zahira Mohamed

Margaret McCarthy



*Some of the team on Frederick Salmon Ward.*

Firstly I would like to say a big thank you to all of the staff on Frederick Salmon Ward for their dedication and hard work. It has, at times, been a stressful area to work in. As always the ward continues to evolve and patients who attend continue to have the best care possible. Some of the staff have been here for a considerable amount of time and it is with great pleasure that promotions of staff to sister and charge nurse continue.

Thanks have to go to the Burdett Institute for the places they have funded for many of our nurses to attend gastrointestinal courses. Support from the Clinical Nurse Specialists has been invaluable in the continuing to develop the nursing

services available to our patients. And again, thanks to the friends of St Mark's for their support and donations to fund inpatient clothes, washing and Christmas gifts. It is with sadness that I have to say goodbye and good luck to Matron Jane Campbell and to Senior Sister Vanitha who are off to explore the world of nursing outside St Mark's.

**Jane Campbell**

Modern Matron

## St. Mark's Hospital

### Outpatients

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**Clinical Nurse Manager**  
Denise Robinson

**Staff Nurses**  
Jocelyn Hyndman  
Dopoda Mehta  
Jesmin Sagomba

**Health Care Assistants**  
Bharati Punjani  
Sophie Smith  
Debby Silverman

The Outpatients Department has continued to evolve. Working within the new government targets to see patients within weeks after GP referral. This and the additions to the Consultant body has meant an increase in patient volume through the department.

All of the St Mark's surgical patients are being pre assessed prior to admission and the service continues to develop with more of the Consultants using the Enhanced Recovery programme for delivery of care.

Education and training have continued to be an important part of staff development. I would like to thank the Burdett Institute for the course places that the trained nurses are making good use of and congratulations to the staff who have completed their modules.

**Denise Robinson**  
Clinical Nurse Manager

# St. Mark's Hospital

## St. Mark's Association

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### EXECUTIVE

#### President

Professor Ian Talbot  
St. Mark's Hospital

#### President Elect

Professor Paul Boulos  
University College Hospital

#### Secretary

Dr Michele Marshall  
St. Mark's Hospital

#### Treasurer

Dr Anton Emmanuel  
University College Hospital

#### External Representatives

Miss Jane Mccue  
East and North Hertfordshire NHS Trust  
Ms Asha Senapati  
Portsmouth Hospitals NHS Trust

#### Administrator

Miss Judith Landgrebe  
St. Mark's Hospital

## St. Mark's Hospital

### St. Mark's Hospital Foundation

#### Chairman of Trustees

Michael Liebreich

#### Treasurer

William Phillips

#### Secretary

Dr Simon Gabe MD MSc BSc (Hons)  
MBBS FRCP

#### Trustees

Charlotte Barney MA PG Dip  
Edward Charlton  
Prof Michael Edwards JP BSc (Econ) PhD  
Prof Colin Green PhD DSc (Med) FRVS  
FRCPath FRCS (Hon) AcadUKrAcadSci  
Prof John Nicholls BA MChir FRCS  
Prof Robin Phillips MS FRCS  
Dr Christopher Williams BM FRCP FRCS  
Stephanie Zinser  
Prof Christine Norton PhD MA RN

#### Chief Executive Officer

Jason Shauness

#### Office Manager

Gill Royal

#### Fundraising Assistant

Jayshree Shah  
Jemini Shah

#### The Charity's Strategy

The charity's medium to long term strategy involves (i) increased fundraising, (ii) funding of high quality research and education in gastrointestinal diseases, and (iii) developing the brand of St Mark's.

In 2007 & 2008 the Charity funded or supported both research and educational activities at St Mark's Hospital which included a variety of research positions such as a consultant endoscopist, research doctors, research nurses and awarded numerous seed corn grants and scholarships. Educationally, we supported PhD students, MSc students, and several administrative staff, a media producer, educational courses as well as providing accommodation for the Burdett Institute of Nursing and a high definition projector for the lecture theatre.

#### Staff Changes

2007 and 2008 have been busy years for St Mark's Hospital Foundation with new staff coming and going. Firstly we welcome Jason Shauness as CEO, who started in 2008. Jason has been working in the not-for-profit sector for many years and was brought on board to provide a more strategic focus for the Foundation. Stephen Roose-Jones, who helped to raise the profile of the Foundation during his tenure, left as Director of Fundraising and will be missed.



Jayshree Shah

Jayshree Shah took on the role of Fundraising Co-ordinator in 2007 and moved at the end of 2008 to continue in a fundraising capacity for Northwick Park Institute of Medical Research. While she was with us she helped organise a number of fundraising events including Bobby's walk (below). Jemini Shah started off as a volunteer for the Foundation but came onto staff towards the end of 2008. Welcome Jemini.

#### Michael Liebreich

Chairman

## St. Mark's Hospital Foundation Fundraising

### Major Sponsors

Trustplus and Yakult continued to provide significant support to the Foundation through their sponsorship providing £120,000 and £40,000 respectively towards the research, education and training at St Mark's Hospital in 2007 & 2008. One of our key promotional events with Yakult was Love Your Gut held in August each year ([www.loveyourgut.com](http://www.loveyourgut.com)). We look forward to working with both of these generous corporate sponsors in the future to promote the work of the Hospital.

### Legacies

We were also fortunate enough to receive £130,000 of legacies over the last two years. Leaving a gift in your Will is a major source of support for the Foundation and is something for which we are very grateful. We always recommend to anyone considering such a generous gift to look after you friends and family first then consider leaving St Mark's Hospital Foundation what's left over, or the "residue". For further information please visit our website at [www.stmarksfoundation.org](http://www.stmarksfoundation.org) or ring the office on (020) 8235 4092.

### Mosaic Appeal

The Mosaic appeal was launched in 2007, selling tiles on-line in order to raise unrestricted money for the Charity. The appeal was brought together by Stephen Roose-Jones and raised over £121,000 by the end of 2008. This appeal will continue in 2009. Sir Tom Troubridge became a Patron of the Mosaic Appeal in 2007 and has kindly helped us to raise money for the appeal over the past two years. If you would like to purchase a tile or make a donation to the Campaign, please visit our website at [www.mosaicappeal.org](http://www.mosaicappeal.org).

### Community Fundraising

Community fundraising through volunteers is a vital resource for St Mark's Hospital Foundation. Without the selfless help and support of our ex-patients and friends we would simply not have the resources to fund the vital research, education and training programmes at St Mark's. These people generously give their time and support for free in order to raise awareness of St. Mark's and generate much needed funds. So thank you to all of you. Below are just some of many highlights over the past two years.

#### Bobby's Walk

During the late spring and early summer of 2008, Bobby Grewal, President of the India Association, walked from Edinburgh to London to raise £80,000 for bowel cancer research at the Hospital. It was a terrific effort from Bobby and his colleagues and will make a real impact on our mission to stop bowel disease and saves lives.

#### Justin Hansen

Justin Hansen travelled up the coast of Norway on his BMW touring motorbike for five weeks with a tent and medical supplies and somehow managed to self administer his intravenous nutrition! Just as impressively he raised several thousand pounds for St. Mark's.



#### Gareth Berliner

Gareth Berliner put on an "Explosive night of comedy" at the Comedy club in Piccadilly. Over £4000 was raised in one evening and with a first class line up of eight acts featuring Ed Byrne.



## Foundation Fundraising cont.

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### Staff Fundraising

Janice Ferrari, from our Academic Institute, raised over £5000 for intestinal failure research by trekking from Cusco in southern Peru to Machu Picchu up the country's highest mountain in a gruelling 10 day Andean trek.

Dr David Burling raised a very impressive £9000 to develop a National Training Centre for Virtual Colonoscopy to be located at St Marks Hospital. Meanwhile Dr Simon Gabe set himself another fundraising target of three triathlons in 2007 as well as an abseil off the top of Northwick Park Hospital, dressed as batman! He completed the abseil together with trusty sidekick Robin (aka patient Joan Maslen) raising £3,000 for intestinal failure research. In 2008 he raised an additional £3,000 through a further five events including three triathlons, a half marathon and another abseil (as James Bond this time).

### What to look out for in 2009

In 2009 St Mark's Hospital Foundation will continue to increase its media profile and fundraising operations. We intend to ratchet up our existing programmes as well as looking at raising funds from charitable foundations, through direct mail and generally by reaching out more effectively to those who have already supported us to raise even more for our terrific hospital.

If you would like to come with us on this very exciting journey, please ring the office on (020) 8235 4092 or visit our revamped website at [www.stmarksfoundation.org](http://www.stmarksfoundation.org).



*Janice Ferrari*

### Jason Shauness

CEO

### Dr Simon Gabe

Secretary



## Support Groups

### Friends of St. Mark's

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#### President

James Thomson

#### Vice Presidents

Verna Lennard-Jones  
John White

#### Chairman

Janina Phillips

#### Vice Chairman

Anne Saunders

#### Treasurer

Alan Oldham

#### Secretary

Helen Shorter

#### Committee

Anne Driscoll  
Janet Hammersley  
Jenny Thompson (Co-opted)  
Gillian Whitmee

The Friends continue to work quietly behind scenes raising money to help patients and then spending it. We continue to support Artwork throughout the hospital and remain grateful to Geoff Metcalf of Artplace, for the time and consideration he gives to selecting appropriate pieces for St. Mark's. The link corridor exhibition is one area that often provokes comment and it is pleasing to see and hear patients, relatives and staff reacting to the changing displays.

We provide help with relatives' accommodation and patient transport. We sometimes are able to help patients with the purchase of a washing machine or offer some form of financial relief to get them back on their feet. These requests are 'one offs' and usually come via Solveig Wilson, the medical social worker, who vets the applications and ensures that our funds are distributed appropriately.

The patients' laundry room has seen plenty of use over the years but the washing machine and tumble drier have finally come to the end of their useful lives. As the machines are in the hospital they have to be of industrial standard, which makes them considerably more

expensive than the domestic variety. The committee made enquiries about the usefulness of the laundry room and as a result have placed an order for two new machines, which should be arriving in the next few weeks.

The Tea Bar, under the leadership of Vernon Dickinson, continues to provide a friendly face all they do for the Friends. Sadly two long standing volunteers died earlier this year, Doreen Edwards and Lucy Jeffery, both will be missed.

Requests are considered at our monthly meeting on the third Wednesday of the month. Any request needs to be of benefit to patients and something that is not usually funded by the NHS. We guarantee a prompt reply but we ask that all requests are accompanied by a quotation where possible.

Finally I would like to thank patients, Friends and staff who support our fund raising efforts.

**Janina Phillips**  
Chairman





## Academic Institute Dean's Report

### Chairman

Professor MM Edwards JP BSc PhD

### Dean

Dr BP Saunders MD FRCP

### Sub-Dean

Mr P McDonald MS FRCS

### Administrator

Miss JC Landgrebe BS MSc

### Assistant Administrator

Mrs JD Ferrari

### Administrative Assistants

Mrs Rasmitha Bhudia

Ms Mao Hong Luo

There were several notable educational achievements including recognition of the Wolfson Unit for Endoscopy as a World Centre of Excellence (only 14 in the World and the only UK centre) by the World Organisation of Digestive Endoscopy (OMED), and the award of National Training Centre status for laparoscopic surgery at St. Mark's.

2007 saw changes in personal with Peter McDonald stepping down as subdean after 6 years of loyal service to be replaced by David Burling who will bring new energy & ideas to this important role. In 2008 Brian Saunders stood down after many years of

There are many postgraduate courses run throughout the year, all administered via the postgraduate department and very well attended and income generating. These reflect the full spectrum of activities at St. Mark's - from surgery to psychology and are aimed at doctors, nurses and health care professionals all interested in the most important organ in the body, namely the gut!. It was therefore surprising that attendance was significantly down at the annual Frontiers meeting, particularly after the huge success of 2006. This was not I believe a reflection of the quality of the course as it was well received by those who came with universally positive feedback. Rather it echoed the reduction in postgraduate budgets and the National obsession with targets and waiting times giving staff less time to attend educational meetings. That said, major changes have been made for the 2008 course to make it more attractive by reducing costs (but not quality) which can be passed on to you the delegate and by offering significant additional savings to St. Mark's Association members.

I hope you will support this meeting which aims to condense all that is new in our speciality and to offer delegates the opportunity to discuss difficult cases and interact in a fun and educational atmosphere.

Another key area of our post-graduate activities is the audio-visual department. This has been extremely busy with multiple projects to produce "high-end" educational materials. Steve Preston has been appointed as A-V expert for over a year now and his artistic eye brings the science of what we do to life. Not unsurprisingly Steve is greatly in demand and the complexity of the projects he is involved in is increasing. A challenge for the future is to enable recording and editing in high definition - the A-V medium of the future, which will require significant further investment. St. Mark's learning materials are available via the website [www.stmarkshospital.org.uk](http://www.stmarkshospital.org.uk).

St. Mark's Hospital has had another productive academic year despite increased academic regulation and a tough environment for fund raising. More than 90 papers were published in peer reviewed journals as well as several MD's and PhD's. With closer academic links with Imperial College being forged we can look forward to an ever more productive academic scene in the future.

**Brian Saunders**

Dean

## Academic Institute Visitors and Delegates

**Fourth International Congress  
Frontiers in Intestinal and  
Colorectal Disease  
29th and 30th November  
Professor Nicholls Festschrift  
1st December**

**450 delegates attended**

**Countries represented were:**

Australia  
Austria  
Brazil  
China  
Denmark  
Eire  
Finland  
Germany  
Greece  
Iran  
Israel  
Italy  
Japan  
Korea  
Malaysia  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Macedonia  
Serbia and Monte Negro  
Slovenia  
South Africa  
Spain  
Sri Lanka  
Sweden  
Switzerland  
Turkey  
United Kingdom  
USA

**Honorary Clinical Assistants and  
Research Fellows**

Dr Gulen Arslan Turkey  
Dr Venkata Bhaskara Subrahmanyam India  
Mr Tim Brown UK  
Mr Gordon Buchanan UK  
Dr Gianluca Colucci Italy

Miss Julie Cornish UK  
Dr Nicola Cracco Italy  
Mr Partha Das UK  
Dr Claudio Feo Italy  
Dr Ioannis Galanis Greece  
Dr John Jules Harvey UK  
Dr Domenico Izzo Italy  
Dr Alain Kakanou Eleuh France  
Mr Alexander Hardy UK  
Dr Juan Hernandez Spain  
Mr Richard Lovegrove UK  
Miss Yasuko Maeda Japan  
Dr Simon McLaughlin UK  
Dr David Parés Spain  
Dr Sophie Plamondon Canada  
Mr George Reese UK  
Mr Henry Tilney UK  
Mr Alexander von Roon UK  
Dr Katharina Wallis Germany  
Mr Nicholas West UK  
Miss Olivia Will UK  
Mr Michael Yuen Hong Kong  
Dr Wael Abdelkader Zaki Egypt

**Observers**

Dr Hadi Ahmadi Amoli Iran  
Dr Nayereh Amir Afshari Iran  
Dr Iván Bartha Hungary  
Dr Belen Beltran Spain  
Dr Bama Bogner Hungary  
Dr Paola Cellarino Italy  
Dr Vytautas Dambrauskas Russia  
Dr Srdjan Djuranovic Serbia &  
Montenegro  
Dr Ioannis Galanis Greece  
Dr Anil Gandhi India  
Dr Gang Ma China  
Dr Hao Gao China  
Dr Ignace Hubertus JT de Hingh Netherlands  
Dr Amir Keshvari Iran  
Dr Péter Krasznay Hungary  
Dr Martin Kreis Germany  
Dr Oswaldo William Marques Brazil  
Dr Hansjörg Marsoner Italy  
Dr Anderson Mello Brazil  
Dr Fereidoon Nanaei Iran  
Dr Attila Németh Hungary  
Dr Dineshkumar Patel UK

Dr Sándor Bogdán Rajcs Hungary  
Mr Abdulrahman Saif Iraq  
Dr Zoltán Sallo Hungary  
Dr Romano Sassatelli Italy  
Dr Lázio Schmidt Hungary  
Dr Henrique Schleinstein Brazil  
Dr Attila Szijártó Hungary  
Dr Félix Szentpétery Hungary  
Dr Zoltán Szics Hungary  
Professor Tao Jiang China  
Dr Dinya Tomás Hungary  
Mr Michael Yuen Hong Kong  
Dr Xi-Peng Zhang China  
Dr Dmitri Zitta Russia  
Dr Jean-Paul de Zoete Netherlands

**Postgraduate Teaching Terms**

Dr Manuel Alcantara Moral Spain  
Dr Hadi Ahmadi Amoli Iran  
Dr Ana Azevedo Portugal  
Dr Daniel Feisal Trinidad & Tobago  
Dr Ioannis Galanis Greece  
Dr Hao Gao China  
Dr Maria Gomes Portugal  
Dr Juan Carlos Gomez Rosado Spain  
Dr Marios Gregoriou Greece  
Dr Domenico Izzo Italy  
Dr Kaleem Khalilullah Ireland  
Dr Lino Karangeira Brazil  
Dr Aza Kochkarova Russia  
Dr Rodrigo G Medrano Caviedes Spain  
Dr Paula Messias Portugal  
Dr Djuro Miskic Croatia  
Dr Ahmad Masoud Zarour Jordan  
Dr Jelinač Zeljko Croatia  
Dr Xi-Peng Zhang China

**Other well attended academic study  
days included:**

**Advanced Colorectal Workshops  
Body in Mind  
Enhanced Recovery after Surgery  
Symposia  
Intestinal Failure Workshop  
Intestinal Failure Study Day  
PTQ Workshop  
St Mark's Association Day**

## Academic Institute

### St. Mark's In House Rounds

Friday 13 January	Nursing research projects - constipation, incontinence and cancer	Kathy Whayman, Julie Duncan and Christine Norton <i>Chair: Prof Robin Phillips</i>
Friday 20 January	Risk of cancer or dysplasia in ulcerative colitis pouch	Mr Partha Das <i>Chair: Prof John Nicholls</i>
Friday 27 January	Pills, tubes and other devices	Dr Naila Arebi <i>Chair: Prof Robin Phillips</i>
Friday 10 February	Cancer waiting times and peer review	Miss Celia Ingham-Clarke (Whittington Hospital) <i>Chair: Prof Robin Phillips</i>
Friday 17 February	Reader performance at virtual colonoscopy	Dr David Burling <i>Chair: Prof Robin Phillips</i>
Friday 24 February	The effect of chemotherapy on microsatellite unstable colon cancer	Mr Janindra Warusavitarne <i>Chair: Dr Brian Saunders</i>
Friday 3 March	Piles: the inside story	Mr Alexander Hardy <i>Chair: Prof John Northover</i>
Friday 10 March	Endoscopic mucosal resection in the colon: Technique, long term follow up and future directions	Dr Michael Bourke <i>Chair: Dr Brian Saunders</i>
Friday 17 March	Neurostimulation for bowel control. Anything new?	Dr Tom Dudding <i>Chair: Prof Robin Phillips</i>
Friday 24 March	Genes and bowel cancer	Miss Sue Clark <i>Chair: Prof Robin Phillips</i>
Friday 31 March	Duodenal disease and its' management in FAP	Dr Andy Latchford <i>Chair: Prof Robin Phillips</i>
Friday 7 April	Studies towards improved chemical sphincterotomy	Miss Marion O'Bichere <i>Chair: Prof Robin Phillips</i>
Friday 21 April	Enhancing recovery after colorectal surgery	Mr Robin Kennedy <i>Chair: Prof Robin Phillips</i>
Friday 28 April	Audit of pre-operation IV fluid administration	Mr Marcus Gore and Dr Jo Manson <i>Chair: Prof Robin Phillips</i>
Friday 5 May	Family history of bowel cancer and screening: A need for change?	Dr Huw Thomas <i>Chair: Prof Robin Phillips</i>
Friday 12 May	Injectable bulking agent for faecal incontinence	Dr Yasuko Maeda <i>Chair: Prof Robin Phillips</i>
Friday 26 May	Hospital hygiene and MRSA	Dr Peder Neilsen <i>Chair: Prof Robin Phillips</i>
Friday 2 June	Micrometastases in colorectal cancer	Mr Richard Slater <i>Chair: Prof Robin Phillips</i>
Friday 9 June	Anorectal malformations	Dr Harry Ward <i>Chair: Miss Carolynne Vaizey</i>
Friday 16 June	Molecular imaging of oncolytic viruses: potential applications to FAP-related pathologies	Miss Inge Peerlinck <i>Chair: Prof Robin Phillips</i>

Friday 23 June	Hirschsprung disease	Dr Harry Ward <i>Chair: Prof Robin Phillips</i>
Friday 30 June	Predictors of response to adjuvant chemotherapy for colorectal cancer: Is MSI the answer?	Dr Michelle Thomas Australasian Travelling Fellow <i>Chair: Prof Robin Phillips</i>
Friday 7 July	An audit of operative workload in English NHS Trusts between 1988-2005	Mr Omar Faiz <i>Chair: Prof Robin Phillips</i>
Friday 14 July	Update on capsule endoscopy	Dr Chris Fraser <i>Chair: Prof Robin Phillips</i>
Friday 21 July	Mesenchymal Tumours of the GUT	Dr Thomas Guenther <i>Chair: Prof John Northover</i>
Friday 28 July	Aspects of Intestinal Failure	Dr Jeremy Nightingale <i>Chair: Prof John Northover</i>
Friday 1 September	St Mark's Clinical Information System (CIS) Workshop	
Friday 8 September	Clinical Information System (CIS) presentation	
Friday 15 September	Understanding and modelling the molecular pathways of the adenocarcinoma sequence in the context of genetic predisposition	Miss Olivia Will <i>Chair: Prof Robin Phillips</i>
Friday 22 September	Bowel management after spinal cord injury	Miss Maureen Coggrave <i>Chair: Prof Robin Phillips</i>
Friday 29 September	Improving elective theatre performance in NHS theatres	Mr Omar Faiz <i>Chair: Prof Robin Phillips</i>
Friday 6 October	Inflammatory bowel disease and female reproductive health	Miss Julie Cornish <i>Chair: Prof Robin Phillips</i>
Friday 27 October	"Sun, Surf and Study or Spigelman, Sprouts and Colorectal Cancer Surveys"	Mr Daniel McGrath <i>Chair: Prof Robin Phillips</i>
Friday 3 November	Management of post-operative Crohn's disease	Dr Siew Ng <i>Chair: Dr Brian Saunders</i>
Friday 10 November	NICE draft guideline on faecal incontinence	Professor Christine Norton <i>Chair: Prof Robin Phillips</i>
Friday 17 November	Desmoid disease in FAP: new insights	Dr Andy Latchford <i>Chair: Prof Robin Phillips</i>
Friday 24 November	The bacterial pathogenesis of pouchitis	Dr Simon McLaughlin <i>Chair: Prof Robin Phillips</i>
Friday 15 December	Colorectal Cancer Survival	Professor Michel Coleman Professor of Epidemiology and Vital Statistics <i>Chair: Prof Robin Phillips</i>





## Cancer Research UK Colorectal Cancer Unit Family Cancer Group

### Director

Huw Thomas MA PhD FRCP

### Nurse Specialist

Carole Cummings RGN, SCM

### Clinical Research Fellow

Kevin Monahan MSc MRCP (Until Sep 2007)

### Senior Research Fellow

Isis Dove Edwin MD MRCP

### Visiting Research Fellow

Mariagrazia de Palo MD (from Oct 2007)

### CORGI Research Nurse

Maggie Gorman RGN

### Database Administrator

Maggie Stevens

### Secretary

Julie Stokes

### Administrator

Elizabeth Goodband

### Tissue Bank Manager

Ken Miller

### Introduction

The aim of our group is to define the inherited predispositions to colorectal cancer and to refine our management of familial risk in order to prevent familial colorectal cancer.

This has been a turbulent year administratively. Professor John Northover, who had been Director of the ICRF (subsequently CRUK) Colorectal Cancer Unit since 1985, stood down at the end of 2005. We continue to be funded by CRUK but now as a Programme through Imperial College. Huw Thomas has been awarded a Chair of Gastrointestinal Genetics by Imperial College. Ken Miller and Elizabeth Goodband have joined us from John Northover's team. Our Quinquennial review has been delayed until CRUK has decided the future structure of Clinical Centres.

We have a unique clinical resource at St Mark's with over 2,000 individuals at familial risk of colorectal cancer who are under colonoscopic surveillance and whose clinical information and laboratory results are recorded on the Bobby Moore Oracle Database. These individuals are flagged at the NHS Information Centre

One of our major areas of interest is in assessment of familial risk and the outcome of colonoscopic surveillance. We work in collaboration with Peter Sasieni (CR-UK Department of Epidemiology, Mathematics and Statistics).

A second major area of interest is in the identification of new genes predisposing to familial colorectal cancer. We work in collaboration with Ian Tomlinson (CR-UK Molecular and Population Genetics Laboratory). We are collaborating in the Colorectal Gene Identification Study investigating the genetics of families

with a multiple colorectal adenoma phenotype and a most successful genome-wide association study looking for common low penetrance variants that predisposed to the development of colorectal cancer.

Kevin Monahan has completed his three-year Bobby Moore Clinical Research Fellowship, which is described below, and is writing up his PhD thesis. Mariagrazia de Palo has joined us for six months as a Visiting Fellow from Italy, funded by the Italian government.

### Bobby Moore Oracle Database

We are in the process of upgrading the database to Oracle 10 and as part of our move to Imperial the database will be hosted by a commercial provider with appropriate data protection. We are also in the process of reviewing our family risk groups. A previous Pan Thames audit on the management of patients affected by Lynch Syndrome has now been published (Geery et al 2007).

Mariagrazia de Palo is reviewing all of the families currently registered on the database. We are reassessing their familial risk and their surveillance protocols. Where we have not had recent contact with the family, we are updating our records and also assessing whether further samples may be available from families to help with our research studies.

### Tissue Bank

Our tissue bank is registered with the Human Tissue Authority. Ken Miller is in the process of cataloguing and reorganising all of the samples. We are also retrieving samples that have been lent in the past to other research groups.



### European Collaboration on the Phenotype and Management of Dominantly Inherited Colorectal Cancer that is not due to Lynch Syndrome (HNPPC)

We are organising a European-wide collaborative study to collect families with a dominant history of colorectal cancer that is not due to Lynch Syndrome. We have previously demonstrated that these families are also at increased risk of developing high risk adenomas (Dove-Edwin et al, 2006). This study is being undertaken by Isis Dove-Edwin in collaboration with Peter Sasieni. The collaboration includes centres in Denmark, France, Finland, Germany, Italy, The Netherlands, Norway, Spain and the UK.

### Colorectal Adenoma/carcinoma Prevention Programme 2 (CAPP2)

We have recruited 15 patients to this randomised study of dietary and pharmacological intervention in HNPPC gene-carriers to assess the effect on the development of colorectal adenomas in individuals who are undergoing colonoscopic surveillance (organised by John Burn, University of Newcastle). This study has now been concluded and the results are being analysed.

### Anticipated reactions to genetic testing for hereditary non polyposis colon cancer (HNPPC) susceptibility

In collaboration with Prof Steven Sutton (formally CR-UK Health Behaviour Unit, now University of Cambridge). We have investigated how people anticipated they would react emotionally and behaviourally to learning of their genetic susceptibility to colon cancer (Henning et al 2004). We now have sufficient patients who have undergone presymptomatic genetic testing to undertake a study of the actual reactions and are currently organising this with Professor Sutton.

### Genetic Pathways in Colorectal Neoplasia

We have collaborated with Ian Tomlinson in three studies looking at the genetic alterations found in large colorectal adenomas, hyperplastic polyposis and in individuals with multiple colorectal adenomas. (Jones et al, 2007, Carvajal-Carmona et al 2007, Thirlwell et al 2007)

### National guidelines for the management of familial risk of colorectal cancer

In collaboration with Gareth Evans and Malcolm Dunlop, we are developing guidelines for the management of patients at high and moderate familial risk of developing colorectal cancer on behalf of the British Society of Gastroenterology, the Association of Coloproctology UK and Ireland, and the British Society of Human Genetics.

### Colorectal Gene Identification Study (CORGI)

I am a member of the steering committee of the CORGI study consortium and a co-applicant on the grant applications. The consortium aims to identify new genes predisposing to colorectal cancer. We have a full-time research nurse at St Mark's who has already collected clinical information and blood samples from 300 individuals registered with the St Mark's Family Cancer Clinic and further individuals from the St Mark's Endoscopy Unit.

We have undertaken a genome-wide association study to identify common low penetrance alleles predisposing to colorectal cancer. This study has been extremely successful. We have described a common variant on chromosome 8q24.21 with an allele frequency of 50% associated with an increase relative risk of 1.21 in heterozygous of developing colorectal cancer. This demonstrates that low-penetrance susceptibility alleles predispose to colorectal cancer

(Tomlinson et al, 2007).

### Hereditary mixed polyposis syndrome (HMPS).

We have previously described the phenotype of HMPS in St Mark's Family 96 (Whitelaw et al 1997). In collaboration with Ian Tomlinson we published evidence of genetic linkage to chromosome 15q21-q22 based on a genome-wide linkage study (Jaegers et al 2003). Dr Emma Jaegers has mapped the gene to a 0.6-Mb region on chromosome 15 containing the genes SCG5, GREM1 and FMN1. We investigated whether there were low penetrance variants of HMPS gene in the general population that increased the risk of colorectal cancer. In our genome-wide association study variants in this region were strongly associated with an increased risk of colorectal cancer. This may aid identification of the gene itself (Jaeger et al In Press)

### Multiple adenoma families

Kevin Monahan has undertaken genetic linkage studies in a family from Ireland with multiple hyperplastic, serrated and adenomatous polyps and colorectal cancer. He has defined the phenotype of the family. Alterations of known colorectal cancer genes have been excluded and demonstrated probable linkage demonstrated to chromosome 8. He has undertaken detailed genetic mapping of the area. As yet no alterations have been found in candidate genes from the region.

### Modifying genes in Lynch syndrome

We are undertaking a collaborative study organised by Malcolm Dunlop to look at the effect of modifier genes on the phenotype in Lynch syndrome gene-carriers. We are recruiting 90 gene-carriers from 65 families.

## Family Cancer Group cont.

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### Narrow band imaging for colonoscopic surveillance in HNPCC

In collaboration with Brian Saunders we have investigated the role of narrow band imaging, a new technique that highlights superficial capillaries and improves contrast for adenomas. We investigated whether a second pass with NBI improved adenoma detection compared to high definition white light.

Sixty-two at-risk HNPCC individuals undergoing colonoscopic surveillance were recruited. 17 adenomas were detected in the initial white light pass, an additional 17 adenomas were detected

using NBI, 45% of which were flat. NBI may have an important role in improving adenoma detection, particularly in this high-risk group in which progression of adenomas to carcinomas may be rapid with a high incidence of interval cancers during colonoscopic surveillance.

**Huw Thomas**

Director

## Cancer Research UK Colorectal Cancer Unit

### The Polyposis Registry

#### Director

Robin K.S. Phillips MS FRCS

#### Assistant Director

Sue Clark MD FRCS

#### Honorary Research Consultant

Basil C. Morson CBE VRD MA FRCPATH  
HonFRACS

#### Honorary Consultant Pathologist

Thomas Guenther MD PhD Priv-Doz  
Dr med habil

#### Honorary Consultant Paediatrician

Warren Hyer FRCP

#### Registrar

Kay F. Neale MSc SRN

#### Nurse Practitioner

Muditha Samarasinghe RGN

#### Nurse Practitioner

Ripple Man BSc RN

#### Assistant Registrar/Nurse Specialist

Sandra Burke BSN RN

#### Assistant Registrar/Nurse Specialist

Jo Rawlings RGN

#### Research Nurse

Tina Isherwood RGN

#### Administrative Assistant

Belynda Muir

#### Administrative Assistant

Pamela Nye

#### Honorary Research Fellow

Allan D. Spigelman FRACS

#### Honorary Research Fellow

Andrew Latchford MRCP

#### Research Fellow

Sabina Rashid MBBS, BSc

#### Research Fellow

Salmon Rana MBBS, BSc

#### Research Fellow

Ashish Sinha BMedSci, MRCS

#### Research Fellow

Nicholas West FRCS

#### Research Fellow

Olivia Will MRCS

The highlight of 2007 was a visit to Yokohama City in Japan in March where the 2nd biennial meeting of the International Society for Gastrointestinal Hereditary Tumours was held. All members of the Registry contributed abstracts, all of which were accepted; the details are given below.

April 2007 brought a major reshuffle in the Registry when Sandra Burke left to pursue a complete change of career. Sandra had worked in the Registry for over four years, first as a research nurse, before joining Jacquie Wright to help manage the clinical care of the patients as well as to give genetic counselling. Her hard work and dedication cleared a backlog of work which resulted in improved care of the families. Her cheerful manner, to say nothing of her home baking, is missed by all.

Much to the delight of many patients, Jo Rawlings moved from her position as research nurse to take over from Sandra.

We welcomed Tina Isherwood on secondment from Endoscopy to take over from Jo running the Alfa Trial.

We were also very pleased to appoint Muditha Samarasinghe to the post of Nurse Practitioner. While working on Haldane ward, Muditha cared for a patient with polyposis. He was so impressed by her he told her that she must apply for the job, which she did successfully.

In October 2007 Sue Clark attended the meeting of the Collaborative Group of the Americas and was awarded the best podium presentation for presenting the results of research looking at the long term risk of pouch neoplasia after ileal pouch anal anastomosis for FAP (see publications).

In August 2008 we were very sad when Belynda Muir's visa expired and she returned to her native Australia. In the time she spent working in the Registry Belynda taught us just how valuable a good Administrator could be. She put into place audits of patient attendance, rebooking of out patient and endoscopy appointments and telephone calls in to and out of the Registry. But more importantly, she maintained the audits over time giving us the statistics needed to make a Business Case for the funding of her post. In addition to the routine Administrator's work Belynda took an interest in the families and their illnesses. She became knowledgeable about the polyposis syndromes and would bring as many clinical queries to the fortnightly meetings as anyone else. But what we all miss most is her positive disposition and cheerfulness.

The Polyposis Information Day for patients and their families had, in previous years, proved so popular it was decided that it should become an annual event. As before, attendance in November 2007 and 2008 exceeded expectation with an average of 72 delegates, who travelled from as far away as Devon, Northern Ireland and one all the way from Poland. Both programmes were designed to cover issues previously requested but also extended to offer information on the rarer forms of polyposis, Peutz Jeghers Syndrome, Juvenile Polyposis Syndrome and MYH Associated Polyposis.

As before, Ripple ran the extremely popular DIY endoscopy sessions; teenagers, it seems, have no difficulty in manipulating the endoscopes or snaring polyps proving that hours spent in front of a games console can have its advantages!

## The Polyposis Registry cont.

For the first time external speakers were invited. In 2007 Dr Sioban Sen Gupta from University College explained genetics in general as well as prenatal and pre-implantation genetic diagnosis. In 2008 Mr Arj Shankar gave a much requested talk about upper gastrointestinal polyposis and the surgical treatment.

As usual evaluation sheets were completed at the end of the day. All talks and workshops were well received and the comments encouraging; these included:

- Provided me with quite a bit of information I didn't know
- Helped to put our experience into context
- Good to meet others who have been through this
- Reassuring to find that you are investigating and learning
- Thanks for including the rarer syndromes this time
- Informative and extremely well presented
- Inspirational

Our thanks again go to Dansac who provided the folders for the programmes and evaluation sheets, to Ethicon who provided a magnificent lunch in 2008 and to Michael and Margaret Dean who helped to make both days a success.

### The Registry and the Trust

There were 104 new patient referrals, either with or at risk of a polyposis syndrome, to St Mark's in 2007 and 130 in 2008. Of these, 99 came directly as a result of Registry involvement with the family, the remaining 135 being referred directly to a Consultant.

### New patient referrals

	2007	2008
At risk of inheriting FAP or other polyposis syndrome	41	32
Difficult cases referred on to St. Mark's	2	3
Other routine referrals	49	69
Peutz Jeghers syndrome	5	11
Juvenile Polyposis	3	4
MYH family	4	11
<b>Total</b>	<b>104</b>	<b>130</b>

During the 2007 1,251 out-patient appointments were dedicated to patients with, or at risk of inheriting polyposis. Just 8% failed to attend compared to more than 20% of a few years ago proving that the efforts of Registry staff to improve attendance continues successfully. In 2008 the number of out-patient appointment had risen to 1,688 with 10.5% failing to turn up.

Ripple Man, the Nurse Practitioner in Endoscopy who specialises in Polyposis undertook a large proportion of the 558 examinations of the large bowel done over the course of the 2007 and 718 in 2008. In addition, 118 examinations of the upper gastrointestinal tract in 2007 and 210 in 2008 were completed for this group of patients.

Dr Hyer, who runs clinics dedicated to children in polyposis families, spent three months of 2007 in Australia where he gained experience in a large Paediatric Unit in Melbourne. As a result of his absence the number of available appointments was reduced and the need for these special clinics was emphasised. In 2008 he dedicated 40 appointments to these children.

### Research Projects

#### Andrew Latchford

Andy Latchford left St Mark's in December 2006 to return to his clinical training in the West Midlands, but he continued to represent the Polyposis Registry and St Mark's Hospital, as can

be seen by the number of papers he presented at the InSiGHT meeting (see below). He has since been appointed as a Consultant Gastroenterologist in Plymouth and been awarded an MD.

Also, in conjunction with other members of the Polyposis Registry and St Mark's hospital, he has written 2 book chapters relating to polyposis: "Polyposis syndromes of the Colon" and "Duodenal disease in familial adenomatous polyposis" (see publications).

Andy continues to maintain his links with St Mark's and the Registry by teaching on Polyposis syndromes at the annual meeting "International Frontiers in Colorectal Disease". He has reviewed the outcomes from surveillance of patients with Peutz Jeghers Syndrome the results of which he has submitted for presentation at the next meeting of InSiGHT in 2009.

*Olivia Will and Professor Ian Tomlinson*

Olivia's research studies the adenoma-carcinoma sequence: the changes that occur as a polyp forms and progresses to cancer. She is particularly interested in the polyps that develop in the ileo-anal pouch in patients with FAP who have had a restorative proctocolectomy and is looking at the histogenesis of rectal versus ileal pouch polyps to investigate whether polyp location or tissue origin influences their aggressiveness or malignant potential.

In addition she is studying how colonic location of polyps influences the genetic initiation. Her work includes polyps occurring sporadically in the general population, looking for very early genetic changes correlated with malignant change within a polyp.

In addition, and in collaboration with Anika Hansmann Olivia investigated adrenal adenomas occurring in patients with FAP, in order to develop an evidence based protocol to be used for surveillance and management.

*Nicholas West*

Nick is running a two-arm chemoprevention trial in patients with familial adenomatous polyposis using the purified free fatty acid eicosapentaenoic acid (EPA) (an omega-3 fatty acid).

A safe and effective chemo preventative agent with a favourable side-effect profile, which could be taken with the aim of reducing polyp burden, would be of benefit to FAP patients with an IRA and recurrent rectal polyps, in addition to young adults who might prefer to delay colectomy. If such an agent were to be effective in this role in FAP patients, it may also be of benefit to the larger population of patients with sporadic colorectal adenomatous polyps who are

also at risk of colorectal cancer.

Colorectal polyps are thought, at least in part, to arise from a discrepancy in the levels of cell proliferation, or overgrowth, and apoptosis, or natural cell death, of the cells lining the bowel. It has been demonstrated that the omega-3 polyunsaturated fatty acids in fish oil, of which EPA is one, can beneficially manipulate this imbalance, which can be assessed at a cellular level.

The study, which was completed in 2008, will assess the impact of 6 months of a highly purified preparation of EPA, as compared to a placebo, on the polyp burden, within the rectal remnant, of patients with FAP who have had a colectomy with ileorectal anastomosis. In addition, the status of cell proliferation and apoptosis will be analysed for changes. The results, pending final data analysis, should be available in 2009.

*Sabina Rashid*

During 2007 and 2008 Sabina is worked as a Teaching and Research Fellow with 30% of her time dedicated to research. She used this time to undertake the task of analysing the data relating to the surgical treatment of patients with FAP. She describes the different eras as: pre ileorectal anastomosis (before 1948), pre pouch (up to 1990) and laparoscopic (post 2006). The data was examined to assess the age at which primary procedures are performed, the type of primary procedure chosen and outcomes. Since the introduction of the ileorectal anastomosis (IRA), it remains the preferred surgical option and is being performed at a significantly younger age. Patients who have this type of surgery retain their rectum; regular surveillance is essential because adenomas (polyps) continue to develop in the rectal mucosa and a risk of cancer remains. Sabina's analysis showed that just under one third of patients who had an IRA required a

proctectomy (removal of the rectum) at a later date but in only a small proportion of these had cancer developed.

This data has been presented at the Coloproctology Section of the Royal Society of Medicine and will also be presented at the Association of Coloproctology of Great Britain and Northern Ireland in 2009.

From the data collected, further analyses are to be carried out to review the cause of mortality and the use of specific clinical parameters as an aid to the decision making process for choice of operation.

*Salman Rana*

Salman, who also worked as a Teaching and Research Fellow in 2007 and 2008, is assessing desmoid growth by comparing CT, MRI and PET-CT scans. Desmoid disease remains one of the leading causes of morbidity and mortality in patients with familial adenomatous polyposis. These soft tissue tumours can occur anywhere in the body, but it is the intra-abdominal growths that cause the most serious complications through obstruction of bowel, ureters and the mesenteric blood supply. Whilst the majority of desmoids are no more than an inconvenience, 10% of them will grow and become life threatening.

There is unfortunately no way to predict which desmoids will remain stable and which ones will progress rapidly to cause complications and there is little evidence pertaining to the best imaging modalities to assess growth. Currently CT scanning is the radiological investigation of choice in the initial assessment and subsequent follow up of patients with desmoid disease.

Advances in magnetic resonance imaging (MRI) have meant that it is now possible to assess the cellularity and

## The Polyposis Registry cont.

possibly even growth in various tissues. In addition, the advent of positron emission tomography (PET) is revolutionising the way we assess growth and spread of a number of malignant tumours. This newer form of imaging allows the assessment of tissue metabolic activity, in particular glucose uptake and hexokinase upregulation.

Our current study aims to compare traditional CT scanning with MRI and PET in the assessment of desmoid tumour growth. Patients in the study will have their desmoids scanned, at baseline, using all three modalities. A year on from this all participants will have a repeat MRI scan. All of these will be undertaken at the Paul Strickland Scanner Centre at Mount Vernon Hospital. We hope to be able, initially, to compare the accuracy of MRI over CT in the morphological assessment of desmoid disease at baseline. Subsequently we hope to correlate tumour growth over one year as seen on MRI, with initial metabolic activity of the tumours as seen on PET scanning. If such a correlation exists then in future we may be able to identify and aggressively manage those tumours which are likely to grow rapidly. We have recently received ethics committee approval for the project and hope to commence initial scanning of participants shortly.

### *Ashish Sinha*

Ashish joined the Registry team in 2008. He is continuing to conduct clinical and laboratory studies into FAP related desmoid tumours started by Salman. Ashish is using primary cell culture lines obtained from excised desmoid tissue as an in-vitro model to test the efficacy of current and novel treatment on these resistant tumours. This is a collaborative study conducted at the RAFT Institute of Plastic Surgery, Mount Vernon Hospital, with experts in cell biology and wound healing. Ashish has put into place the study described above investigating the

utility of PET scanning with tracers of metabolic activity, CT and MRI – and their ability to predict desmoid growth.

He is also performing percutaneous biopsy and immunohistochemical analysis of desmoids to establish their susceptibility to novel treatments, like imatinib. In particular, under the supervision of Professor Guenther, he is studying c-KIT and oestrogen receptor status and markers of proliferation within desmoid tissue.

In addition Ashish is undertaking a retrospective statistical analysis of the Registry database to identify risk factors predisposing to desmoid development and progression. This will help stratify patients' risk of desmoid disease and appropriately tailor surgical or endoscopic management of their FAP.

### *International Society for Gastrointestinal Hereditary Tumours (InSiGHT)*

The Second Biennial Scientific Meeting was held from 27th to 30th March in Yokohama City, Japan.

The following oral presentations were given by Research Fellows past and present: (see publications for a full list of contributors to each paper/poster)

### *Olivia Will*

- APC Mutation Spectrum in Ileoanal Pouch Polyps Mimics That of Large Bowel, Showing That Tissue Environment, Not Origin, Determines The Optimal Genotype.

### *Andrew Latchford*

- Identification of Candidate Genes in Desmoid Tumours by Array Comparative Genomic Hybridisation
- APC Mutations in Familial Adenomatous Polyposis Associated Desmoids are Non-Random and Lead to The Retention of an Optimal Number of Beta-Catenin Degradation

### *Repeats*

- Cellularity of Familial Adenomatous Polyposis Associated Desmoid Tumours Reflects Risk of Post-Operative Recurrence
- Pregnancy may Increase Risk of Advanced Duodenal Disease in Familial Adenomatous Polyposis
- Endoscopic Therapy for Duodenal Adenomatosis in Familial Adenomatous Polyposis
- New Endoscopic Techniques to Assess and Treat Gastric and Duodenal Lesions in Familial Adenomatous Polyposis

### *Julian Sturt*

- Refining the Risk Factors for the Development of Severe Intra-Abdominal Desmoid Tumours in FAP

The following posters were displayed:

### *Sandra Burke*

- A Beneficial Experience in Educating Families Living with Polyposis
- Paediatric and Adolescent Polyposis Service – The First of its Kind

### *Andrew Latchford*

- A Single Centre Experience of Duodenal Cancer in Familial Adenomatous Polyposis

### *Ripple Man*

- Nurse Led Flexible Sigmoidoscopy Surveillance for Familial Adenomatous Polyposis
- Retroflexion is Safe to Perform in Familial Adenomatous Polyposis Patients with Ileal Pouch Anal Anastomosis

### *Belynda Muir*

- A Patient Management System with Research Applications

### *Kay Neale*

- Your InSiGHT Membership

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*Olivia Will*

- Homozygous PMS2 Deletion Causes a Severe Colorectal Cancer and Multiple Adenoma Phenotype Without Extra Intestinal Cancer

#### Donations

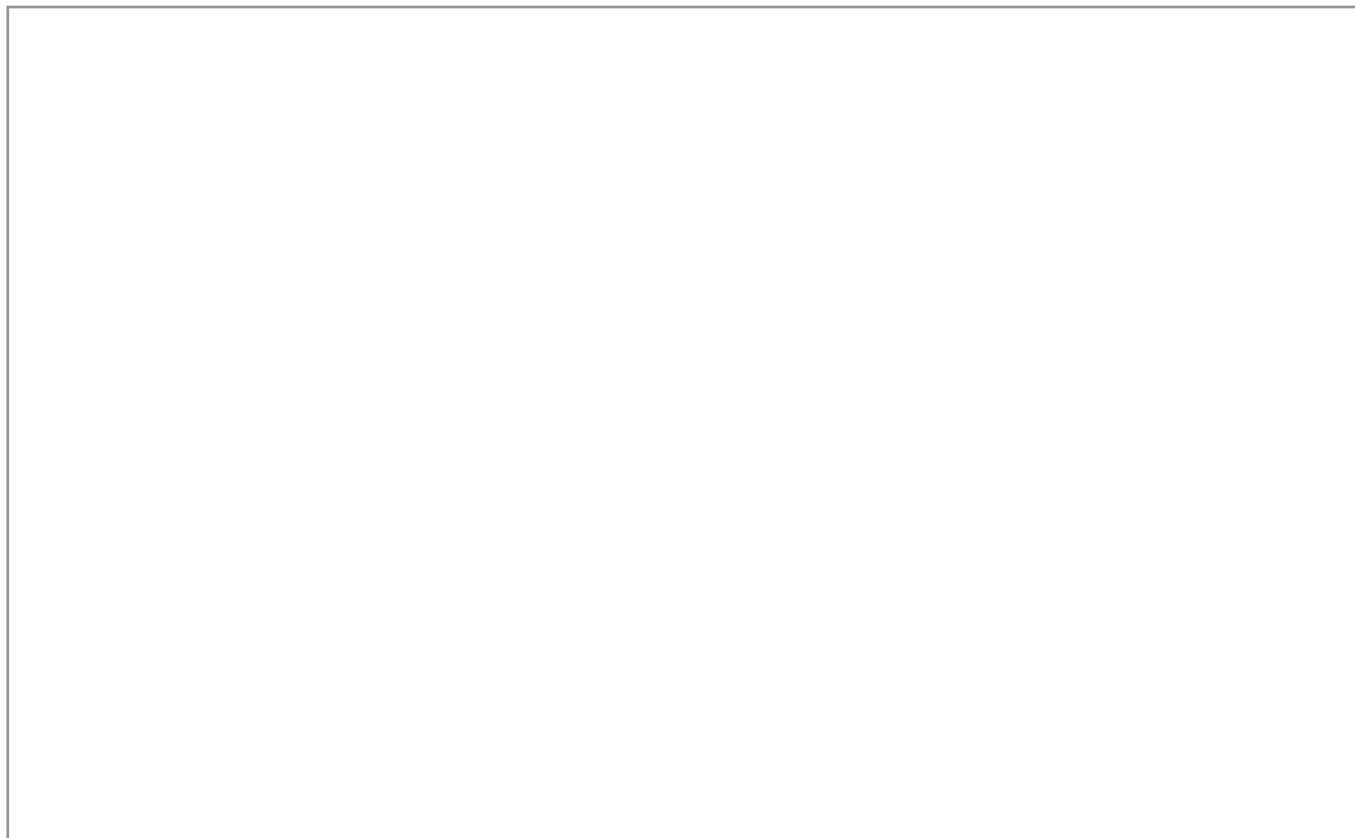
We should like to thank all those individuals who have donated funds to support our work.

In addition, we gratefully acknowledge the financial assistance given by the following organisations: -

- The St Mark's Hospital Foundation
- Cancer Research UK
- SLA Pharma

**Kay Neale**

Registrar



## Intestinal Imaging Centre

### Consultants

Michele Marshall BSc MRCP FRCR  
David Burling MRCP FRCR  
Arun Gupta MRCP FRCR

### Research Fellows

Dr Andrew Slater MRCP FRCR  
Vicky Goh MRCP FRCR

### Superintendent Radiographers

Anna Giles  
Adrian McQueen

### Senior Radiographer

Hon Hoe

### Nursing

Diane Gollagly

### Office Staff

Josephine Convey  
Bhartiya Shah

### Radiographic Staff

Under Dr Marshall's directorship the radiology department is now equipped with the latest technology, including two top of the range CT scanners and Europe's first totally digital fluoroscopy suite. We have also benefitted from being the country's first implementer of an integrated real time voice recognition radiology reporting system. In addition Dr Marshall has recently presided over the official opening ceremony following completion of the radiology department refurbishment. The refurbishment work has resulted in a modern pleasant environment, providing an outstanding facility that the whole hospital will benefit from and can be proud of. This combination of the latest scanning equipment and modern surroundings provides a state of the art imaging environment where both clinical work and research can flourish, and represents a considerable achievement by Dr Marshall and her team.

The Virtual Colonoscopy (VC) programme has continued to grow, combining both a pioneering clinical service and an active research programme. On the clinical side, the number of VC referrals from GPs has grown steadily, now that VC has formally been recognized by the local PCTs, providing a cost effective technique for examining the colon. VC has also consolidated its position as part of the National Bowel Cancer Screening Programme, providing an alternative for those patients unable (or preferring not to) undergo conventional colonoscopy. Dr Burling, VC program director, continues to lead a prolific research program and chairs a National VC Standards Committee, which plans to introduce a quality assurance framework for VC to help optimize VC technique across the UK.

In line with plans for a QA framework, St. Mark's Radiology continues to lead an active training program, including a monthly training course for Radiology teams interested in implementing VC. This course, administered and led by Mrs Janice Muckian (Europe's first dedicated virtual colonoscopy programme coordinator) has attracted considerable interest from both within the UK and abroad.

Elsewhere, Drs Gupta and Burling continue refining new cross-sectional imaging techniques of the small bowel, leading to step changes in imaging algorithms for patients with inflammatory bowel disease, polyposis syndromes and patients with occult GI bleeding. Increasingly, our clinical and research experience suggest both CT and MRI offer valuable diagnostic and staging information which complements techniques used by our endoscopy colleagues.

The academic output, led by Dr Burling, remains high with all team members contributing to research focused on VC, CT/MRI enterography and anal endosonography. Dr Burling has had outstanding success over the last year in obtaining research funding, having been awarded in excess of £160,000 in grants, (part of which was NIHR funding), to develop endoscopy CAD in collaboration with Imperial colleagues. Together the department has contributed to more than 10 peer-reviewed original articles and written two book chapters over the last year. In summary it has been an outstanding year for research, enabling us to deliver four presentations at "RSNA", the worlds largest and most important radiology conference in addition to six abstracts at Europe's premier GI Radiology meeting.



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The Radiology consultants have provided multiple national and international invited talks and continue to receive many requests to host visitors from around the world.

The team has recognized the importance of collaborating with Imperial College and as part of a St. Mark's strategy will work even closer with endoscopy and pathology to promote diagnostics research. We will aim to focus our clinical research on DH priorities whilst also contributing to the translational research pipeline.

We would like to congratulate Dr Peter Wylie, our research fellow on his recent appointment as Consultant Radiologist at the Royal Free Hospital in North London. We wish him every success for the future. His successor, Dr Raj Ilangovan has already established himself as an outstanding member of the St. Mark's radiology team. Finally we would like to congratulate Dr Sukanya Ghosh, another of our sub-specialty trainees, who was also successful in obtaining a consultant post immediately after finishing her GI training in our department.

Looking ahead, we are confident that our combination of equipment, research, audit and enthusiastic team working will continue to provide a high quality imaging environment, maintaining our position at the forefront of intestinal radiology.

**David Burling**

Consultant Radiologist

## Endoscopy

### Wolfson Unit for Endoscopy Incorporating the Kennedy-Leigh Academic Centre

#### Consultant Gastroenterologists and Endoscopists

Dr. Brian Saunders MD FRCP  
Dr. Chris Fraser MD MRCP  
Dr. Siwan Thomas-Gibson MD MRCP  
Dr. Maggie Vance MSc DIP RGN

#### Honorary Consultant and Clinical Specialist in Gastrointestinal Endoscopy & Endoscopy Training

Dr. Noriko Suzuki MD

#### Consultant Anaesthetist

Dr. Douglas Newton MBBS FRCA  
Dr. Krystia Konieczko MBBS FFARCS

#### Clinical Fellows

Dr. Suresh Sivanesan MBBS FRACP  
Dr. Philippa Youd MRCP

#### Research Fellows

Dr. James East MBChB BSc MRCP  
Dr. Aymer Postgate MBBS BSc MRCP  
Dr. Adam Haycock MBBS BSc MRCP  
Dr. Edward Despott MRCP  
Dr. Ana Ignjatovic BA MBCh MRCP  
Dr. Sachin Gupta MBBS, MRCP

#### Nurse Endoscopists

Marianne Baulf SRN  
Ripple Man RN BSc

#### Bowel Cancer Screening Nurses

Sarah Tomlinson RN  
Savinda Kaur RN  
Maeve Kenny RN  
Manju Khanna RN  
Kristin Javen RN  
Yasmin Warsame RN

#### Research/Training Nurses and Assistants

Aine Fitzpatrick RGN  
Eric Tripoli RGN  
Nicky Palmer

#### Unit Administrator

Jean Mannings

#### Diagnostics Services Manager

Val Pryor

#### Unit Secretary

Lisa Mackay

#### Audio-Visual Production Team

Steve Preston BSc

The Wolfson Unit for Endoscopy continues to grow in strength and 2007 brought further development and expansion. In the latter part of 2007 the unit was honoured to be made a World Centre of Excellence in recognition of the consistently high quality of research and clinical innovation it continues to deliver. For some time the increasing numbers of productive staff have been crammed into office space designed for a much smaller team but after a long wait the academic unit's new office space was opened thanks in part to a generous donation by the Henry Smith Charity. The unit's director, Dr Brian Saunders has continued to represent the team on the international stage giving invited lectures in Toronto, Paris, Riyadh, Benghazi, Stresa, Crete, Singapore and Yokohama

The unit said goodbye to Dr Andrew Latchford who has submitted his MD and been appointed as a Consultant Gastroenterologist in Plymouth and to Dr James East who also completed his MD and returned to the North Thames regional training programme having been awarded the Hopkins Endoscopy prize by the British Society of Gastroenterology for his outstanding research whilst he was in the Wolfson Unit. In 2008, we also had to say good bye to Dr Phillipa Youd who returned to regional training and to Dr Aymer Postgate who has had major publications.

Dr Ed Despott joined the team as a research fellow working alongside Dr Chris Fraser in Double Balloon Enteroscopy. Dr Ana Ignjatovic joined us later starting her research in dysplasia detection and characterisation using advanced endoscopic imaging. They have been conducting their researches in very high quality and already presented their results at several important meetings. Dr Sachin Gupta is another new research fellow looking into advanced therapeutic colonoscopy training. Dr Adam Haycock

have continued to produce numerous publications, and presentations at national and international meetings. The research fellows have all contributed to the many teaching and training events that the unit runs.

We are very fortunate in having Dr Suresh Sivevanesan joined us as a clinical endoscopy fellow. Suresh has a special interest in endoscopic therapy and has been developing his expertise in this area. Suresh also has ongoing research project including the outcome of the endoscopic anti-reflux therapy and the incidence of colitis in bowel cancer screening patients.

Sarah Marshall has lead a very successful first and second year of the bowel cancer screening programme and has also fitted in time to have her first child a boy, many congratulations. Dr Siwan Thomas-Gibson and most recently Dr Noriko Suzuki have been accredited as screening Colonoscopists joining their consultant colleagues and bringing the total number of screening endoscopists to five. This has allowed the unit to take on more work, now being responsible for the screening of 1.2 million individuals. The nursing team has also expanded with the addition of Manju Khanna and Maeve Kenny who are running the service in Sarah's absence and doing a very good job. Kristin Javen and Yasmin Warsame have also joined the team to assist us with running the screening service, we have been awarded with providing screening to the population aged 70-74. We also said goodbye to Savinda Kaur, one of our first screening nurse practitioners, who has retired having been a core part of the 'first wave' screening team.

Research nurses, Aine Fitzpatrick, Eric Tripoli and research assistant, Nicky Palmer, were critical to the success of the unit's various research and teaching

programmes, while also finding time to manage the busy capsule endoscopy, double balloon enteroscopy and polypsis GA services. Well done!

The Wolfson Unit has continued to develop and run training courses as a National Training Centre for Endoscopy under the leadership of Dr Siwan Thomas-Gibson. National funding streams have come to an end but this has not interrupted the provision of first class training for endoscopists of all abilities. Multi-disciplinary teaching is key to the success of the various training programmes offered and relies on the dedication of medical, nursing and administrative staff to make the various projects a success. Nicky Palmer has risen to the challenge in her new role in assisting Jean Mannings with running the various courses. New courses offered by the team include a Train the Colonoscopy Trainers JAG course and the first National Double Balloon Enteroscopy workshop. Endoscopic Therapeutic courses continue to run and Adam Haycock has led groundbreaking research to assess the efficacy of such training. Adam was successfully appointed as a full time research fellow with the aid of a generous donation by Schrodgers to investigate the place of simulation in endoscopy training. He has made good progress with setting up a multi-centre European study of the Olympus Colonoscopy Simulator which is planned for 2008. He was awarded the first prize for best presentation at the Department of Biosurgery and Surgical Technology, Division of Surgery, Oncology, Reproductive Biology & Anaesthetics, Imperial College London. Aymer Postgate and Philippa Youd have developed and evaluated high quality educational modules in capsule endoscopy and polypectomy, both novel teaching packages with sound educational foundation. Noriko Suzuki was awarded the Japanese

Gastroenterological Endoscopy Society award for her work on the "Efficacy of an accelerated colonoscopy training week.

Research and development into advanced endoscopic techniques and therapy continues to be a focus of the unit's research activity. Expertise in various technologies continued to grow at pace, collaborating with international leaders in the field. Brian Saunders and Noriko Suzuki continue to push the boundaries of what is possible endoscopically performing minimally invasive endo-surgery in the form of Endoscopic Submucosal dissection. Chris Fraser assisted by Philippa Youd continues to develop endoscopic anti-reflux therapy and to make plans for the development of NOTES (natural orifice transluminal endoscopic surgery).

Nurse Consultant Maggie Vance continues to lead her team from strength to strength. She has set up and continues to run the two- week wait colorectal open access service with Robin Kennedy, is nurse advisor to the National Endoscopy team for the National Nurse Endoscopist Project, successfully commissioning work to provide innovative training to the expanding number of nurse endoscopists and has represented nurses as the first nurse endoscopist speaker to Frontiers in Endoscopy American conference in October 2007. Maggie has also been the first nurse in the UK to be voted onto the Joint Advisory Group of Gastroenterology (JAG) as nurse training lead representative.

Ripple Man continues to deliver a first class and unique service to the polypsis patients providing both expertise in flexible sigmoidoscopy and colonoscopy and has been awarded the Gary Bagnall Award for first class service to the FAP patients whilst completing her Masters Degree. Mariann Baulf continues to run the nurse led Barrett's oesophagus surveillance

programme as well as leading on the running and training in PEG tube placement. She has set up a new initiative with the Maxillo-facial team for PEG placement in theatres and has completed training in flexible sigmoidoscopy. Mariann has been successful in being awarded her MSc in nursing, many congratulations. Due to her expertise in developing endoscopy nurse training programmes Mariann has been seconded to the Burdett Institute of Nursing, Kings College London as a Lecturer Practitioner and has presented at the BSG in 2008. Mariann also managed to squeeze in getting married to her partner John, many congratulations.

Steve Preston has continued to support all the team with the development of a wide variety of teaching and training materials, having been involved in over ten original, high quality multi-media endoscopy productions many of which have brought valuable income into the department. He has recently spread his talent wider within St Mark's and has worked on numerous other projects outside the Wolfson Unit.

In another year of physical and strategic change the dedication and enormous efforts of Val Pryor (Diagnostic Services Manager) and Jean Mannings (Unit Administrator) were essential in keeping clinical services fully functioning and on track during 2007. The entire team of endoscopy staff, including the clerical, nursing and washroom staff have supported the unit with an unprecedented workload in 2007 as the team have strived to keep on top of waiting list targets and increasing clinical demands. Everyone's contribution, commitment and hard work are greatly appreciated.

**Chris Fraser**  
Consultant Endoscopist

## Endoscopy

### St. Mark's Hospital and ACAD

#### Consultant Gastroenterologists and Endoscopists

Dr. Brian Saunders MD FRCP  
Dr. Chris Fraser MD MRCP  
Dr. Siwan Thomas-Gibson MD MRCP  
Sr. Maggie Vance MSc DIP RGN

#### Honorary Consultant and Clinical Specialist in Gastrointestinal Endoscopy & Endoscopy Training

Dr. Noriko Suzuki MD

#### Diagnostics Services Manager

Val Pryor

#### Staff Nurses

Jayne Butcher  
Theresa Bryant  
Adel Polecina  
Aine Fitzpatrick  
Eunice Garcia  
Hadada Mutasa  
Rochelle Racaza  
Yasmin Warsame  
Tracey Tyrell  
Cynthia Tolosa  
Marcia Clarke  
Tina Isherwood  
Simon Mypah  
Kristen Javen  
Acadia Rampersad-Manraj  
Florence Khumalo  
Almas Fardous  
Maeve Kenny  
Honest Dzika  
Monika Rzeznikiewicz  
Eric Tripoli  
Anne Vahey  
Joy Frias  
Andy Lodge  
Russell Lesser  
Mitchell Amores  
Mahesh Patel  
Pat Kannangara  
Belma Motes  
Wilma Pataueg  
Laurence Padua  
Ghislaine Thaim  
Kathlean McCabe  
Ainhoa Zaurin  
Manju Khanna  
Mohammed Guled

The Endoscopy Unit has increased its workload again this year. All the Endoscopy staff (Nurses, Endoscopists, Technicians, clerical staff and porters) have been working extremely hard performing lists during normal working hours and on Saturdays to keep to the waiting times targets.

The Bowel Cancer Screening Centre is now performing assessments and colonoscopies for patients with positive occult blood results from 4 PCT's. We are now a pilot site for the age extension of 70 to 74 year olds and with the extra funding have appointed 1.5 extra Specialist Bowel Cancer Screening nurse practitioners and have extra endoscopist sessions.

Room 6 (Private Patient suite) is now operational and we are just waiting for new nursing staff to come into post so that this area can be fully functional.

We have continued to run 'driving tests' to assess other endoscopists from different parts of the country, suitability to become screening centre endoscopists. We have also been running colonoscopy and train the trainer workshops during the year which have been well attended.

The beginning of 2009 has been a challenge due to snow and fire. But with everyone pulling together we have managed to keep the lists running and meet the targets times.

Again I would like to thank all the staff, doctors, nurses, technicians and clerical staff and Porters for all their hard work during this very busy year, to make this a fantastic multidisciplinary team working at St Mark's and ACAD Endoscopy Units to provide a good experience for our patients.

**Val Pryor**

Diagnostic Services Manager

## Medicine

### General Gastroenterology

#### CONSULTANTS

##### St. Mark's & Northwick Park

Michael Kamm (Chairman)  
Naila Arebi  
Christopher Fraser  
Simon Gabe  
Meron Jacyna  
Jeremy Nightingale  
Maxton Pitcher  
Brian Saunders  
Julian Stern  
Huw Thomas  
Siwan Thomas-Gibson

##### Central Middlesex Hospital

Sharon O'Brien  
David Sherman

#### STAFF GRADE SPECIALIST

Amar Nagree MB BS MD

#### CLINICAL FELLOWS

Siew Ng  
Aymer Postgate

#### ASSOCIATE SPECIALIST

Central Middlesex Hospital  
Roser Vega

#### CLINICAL ASSISTANTS

Northwick Park Hospital  
Riadh Dawood  
Anwar Hanid

#### SPECIALIST REGISTRARS

##### St. Mark's & Northwick Park

Rakesh Chaudhury  
Adam Haycock  
Andrew Milestone  
Siew Ng  
Clive Onnie  
Aymer Postgate  
Christopher Wadsworth  
David Walker

#### SENIOR HOUSE OFFICERS

##### St. Mark's Hospital

Adam Bennion  
Aneka Haussmann  
Simon Ralphs  
Abigail Zabron  
Angela Tewari  
Daniel Lauri  
Dominc Bullas

#### RESEARCH FELLOWS

##### St. Mark's and Northwick Park

James East  
Jonathan Hoare  
Andrew Latchford  
David Lloyd  
Kevin Moynahan  
Charlie Murray  
Clive Onnie  
Sophie Plamondon  
Rakesh Shah  
Katrina Wallis  
Phillippa Youd

#### Scientists

Stella Knight  
Hafid Omar  
Andrew Stagg

#### Research Nurses

Jennie Burch  
Angela Gibbs  
Anna Stratton  
Eric Tripoli

In February last year, Professor Michael Kamm left St Mark's after 22 years service to take up an appointment at St Vincent's Hospital, Melbourne, in his native Australia. We were sorry to see him go. Dr Maxton Pitcher was unanimously voted in as Chairman of Medicine as Michael's successor. Just as soon as Mike departed, we were delighted to be joined by Dr Ailsa Hart as Senior Lecturer at St Mark's and Imperial College London, having been awarded a Clinical Senior Lectureship by the Higher Education Funding Council for England. Over the last year we commissioned a piece of work to find an academic Gastroenterologist with an interest in Inflammatory Bowel Disease research who might be interested to work in our Department. We received many messages of goodwill from all over the world but the lack of a University Chair with appropriate funding has proved an insurmountable stumbling block. We continue in dialogue with Imperial College, London, regarding stronger academic links between our two centres. A replacement full-time NHS post is shortly to be advertised which we are sure will be hotly contested.

The Department of Medicine continues to offer a broad and ever-increasing range of specialist services to both local patients and tertiary referral centres. We have achieved a number of key milestones against the Service Plan, including the 18 week target and maintenance of cancer waiting time targets. A business case is to be formulated to develop St Mark's as the preferred site for a West London acute GI bleeding service. The demand for Gastroenterological services at St Mark's continues to rise. The department comprises the following team:

#### Maxton Pitcher & Meron Jacyna

Acute general gastroenterology, inflammatory bowel disease, hepatology, ERCP and upper GI/hepatopancreatobiliary cancer. A weekly Upper GI cancer MDT has been established with videoconferencing facilities between Northwick Park/St Mark's, Central Middlesex Hospital and Mount Vernon Hospital. 40% of all cancers referred for surgical treatment from the West London Cancer Network have been worked up in our unit.

#### Brian Saunders, Chris Fraser & Siwan Thomas-Gibson

Specialist colonoscopy, colon cancer screening, endoscopy training, capsule endoscopy and double-balloon enteroscopy.

#### Simon Gabe & Jeremy Nightingale

Intestinal failure, nutrition.

#### Naila Arebi

Intestinal physiology.

#### Huw Thomas

Family cancer clinic.

#### Ailsa Hart

Inflammatory bowel disease (research).

#### Warren Hyer

Paediatric gastroenterology.

All consultant staff share a common interest in the specialist management of patients with inflammatory bowel disease and contribute to local service work for the common outpatient general gastroenterological conditions, including endoscopy. Lisa Younge left the Department last year and Marianne O'Connor is now leading the new expanded IBD nursing team. We welcome Tracey Tyrell and Fiona Leen as newly-recruited IBD nurse specialists who work tirelessly for our patients and are involved in innovations in care provision.

## General Gastroenterology cont.

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We have three research fellows currently engaged in IBD research - Aravinth Mugaranathan (risk factors for post-operative Crohn's relapse), David Walker (IBD genetics and ethnicity) and Andrew Milestone (vitamin D and IBD relapse).

Dr Riadh Dawood and Christine Oesterling are two able and enthusiastic GPs with a special interest in Gastroenterology and are mentored within the Department. An increased number of referrals are set to be seen in two community-based sites belonging to the local Primary Care Trust and we will need to participate in the development of this service under the badge of quality which is St Mark's.

All staff are involved in weekly departmental meetings, including Journal Club, Radiology, Histopathology, Inflammatory Bowel Disease, Psychological Medicine and Grand Rounds. The Department has been involved in National Audits including patients with inflammatory bowel disease and upper GI bleeding. Teaching, together with clinical research, remain the cornerstone of medical practice at St Mark's. Closer collaboration with our colleagues at Imperial College, London, and the growing Hammersmith/St Mary's Hospitals campus are being fostered and valued. More detailed reports are given under each specialist section.

**Michael A Kamm**

Chairman

## Medicine

### Physiology Unit

#### Director

Michael A Kamm MD FRCP FRACP

#### Consultant Physician

Naila Arebi PhD MRCP

#### Nurse Consultant

Christine Norton MA PhD RN  
& Hon Professor of Nursing

#### Consultant Surgeon

Carolynne J Vaizey FCS(SA) FRCS

#### Senior Scientist

Christopher Jordan PhD

#### Clinical Scientists

Salma Gurmany BSc MSc

#### Biofeedback Nurse Specialists

Adnan Al-Shboul MSc RN  
Brigitte Collins RN  
Julie Duncan MSc RN  
Lorraine O'Brien RN

#### Biofeedback Physiotherapist

Patricia Evans MSc

#### Research Nurses

Jennie Burch BSc RN  
Anna Swatton RN

#### Health Care Assistants

Evette Cooper  
Shanthi Manickam

#### Medical Officers

Tom Dudding FRCS  
James Hollingshead FRCS

#### Research Fellows

Tim Brown FRCS  
Sonya Chelvanayagam MSc RN  
Maureen Coggrave MSc RN  
Alexander Hardy FRCS  
Rebecca Himpson FRCS  
Yasuko Maeda MD  
Charles Murray MRCP  
Sophie Plamondon MD

#### Secretaries

Jenny Bowen  
Smita Patel  
Paulette Sharkey  
Rehana Shah

#### Appointments

Bernadette Olivar  
Margaret Phillipson  
Nisha Dholakia

This unit offers a multidisciplinary specialist approach to diagnosis and treatment of patients with functional bowel disorders. Each year we receive over 2000 referrals for incontinence, constipation, irritable bowel syndrome, oesophageal motility disorders, intestinal motility problems like gastroparesis and pseudo-obstruction. The latest diagnostic tests are offered and supported by our diagnostic services with imaging and endoscopy procedures. All diagnostic tests are reviewed once a week by the specialist team to generate a full report with management suggestions.

Medical therapy for IBS is offered in conjunction with the Unit of psychological medicine. Other therapies are biofeedback training exercises, or surgical treatment. In addition to patient care, the team participates in patient-orientated education, medical education and clinical research. When appropriate, patients can participate in new treatment trials conducted.

#### The unit staff includes:

Miss Carolynne Vaizey - Unit Director and Consultant Colorectal Surgeon  
Professor Christine Norton - Nurse Consultant and Professor of Gastrointestinal Nursing  
Dr Naila Arebi - Consultant Physician

Together with attending medical and surgical specialist registrars, a medical officer, research fellows, biofeedback nurses, a clinical physiologist, technicians, research fellows, secretaries and appointment officers.

#### Specialist diagnostic services

- Anorectal physiology testing  
This assesses the function of the muscles and nerves around the tail end and it can be performed in conjunction with tests in the physiology and x-ray departments such as:

- Endoanal ultrasound

This takes a picture of the muscles to assess if there is any damage or wear and tear.

- Transit studies

This test shows us how fast or slowly things are travelling through the bowel.

- Proctography

This takes a picture of the rectum and anal canal with some x-ray dye in the rectum.

- CT Scan or MRI scan

These are painless examinations using X-rays or magnetic rays that gives a complete picture of part the body.

- Porridge enema

This test is used in patients with stomas to test how continent they will be if the stoma is reversed.

- Oesophageal manometry and pH monitoring

This is used to investigate gastro-oesophageal reflux and oesophageal motility disorders

- Hydrogen breath test

This is used to diagnose bacterial overgrowth

- Glucose breath tests

This is used to diagnose lactose intolerance

#### Specialist treatment services

These include:

- Biofeedback for the treatment of constipation and faecal incontinence
- Colonic irrigation
- Sacral nerve stimulation for faecal incontinence
- Other more specialist nerve stimulation techniques

#### Michael A Kamm

Director

## Medicine

### Psychological Medicine Unit

**Head of Unit and Consultant Psychiatrist in Psychotherapy**  
Dr Julian Stern BA, MB ChB, FRCPsych

**Consultant Clinical Psychologist**  
Dr Esther Serrano-Ikkos CPsych PhD

**Consultant Clinical Psychologist**  
Ms Patricia McHugh MSc CPsych

**Social Worker**  
Mrs Solveig Wilson CSS

**Clinical Nurse Specialist**  
Ms Vashti Perry-Woodford

**Secretary to PMU**  
Mrs Breda Orrell

2007 was a year of further consolidation and growth for the Psychological Medicine Unit (PMU).

#### Clinical Activity

Clinical Activity continues to be busy, with referrals from gastroenterologists, surgeons and specialist nurses from throughout the Trust. Until 2008, we were not able to accept referrals from outside the Trust, but this has changed following the development of our new business case. (With substantial help from Tina Benson (General manager, SMH) we have established a set of tariffs, and patients are now being seen at the PMU from throughout the UK, funded by their Primary Care Trusts.

In many cases, patients seen in the Unit have not consulted with a mental health professional before and we try to approach each case with a combination of clinical experience and sensitivity to the patients' physical and psychological status. The majority of the patients referred to our Unit are seen for assessment only, and then referred on for psychological treatment, if required. However, some patients are seen for ongoing therapy within the Psychological Medicine Unit if resources are available. But, equally importantly, in all cases we provide written and sometimes verbal feedback to the referrer, to help the referrer in their ongoing management of these patients. In this way we hope to promote a truly multiple-disciplinary ethos within St Mark's.

Currently the PMU offers an initial psychological/psychiatric consultation, often followed by a course of any of the therapeutic modalities below:

- CBT (Cognitive behavioural therapy)
- Hypnosis
- Individual psychodynamic psychotherapy
- Family/couple therapy
- EMDR (Eye Movement Desensitization and Reprocessing)

#### Staffing

Breda Orrell continues to provide excellent administrative support and help and is a much valued member of the team.

Vashti Perry-Woodford who joined our team in 2006 has now finished her training at UCL in hypnotherapy, to add to the therapeutic options available within our unit

Esther Serrano-Ikkos has completed her training in EMDR (Eye Movement Desensitization and Reprocessing) and is pioneering the use of EMDR in the SMH population.

Solveig Wilson left the Unit in 2007, after 12 years in our Hospital, to pursue other activities in retirement. However she is still working 2 days/ week in a "locum" capacity, so we have not had to say farewell to our popular and hard-working colleague.

Patricia McHugh left the Unit in December 2007, to pursue a full-time post with a new Personality Disorder Service in Tower Hamlets. We are delighted that Megan Virtue has taken over this post, as from 2009, and will bring her considerable experience, most recently from the Tavistock Clinic, to our Trust.

We were pleased to welcome the additional honorary members of staff:

- Pascale Kleinman, visiting psychologist from Santiago, Chile, had a one-year attachment to the PMU (2006-2007).
- Jim Spears, psychotherapy trainee, is seeing patients under supervision in the PMU as part of his advanced psychotherapy training.
- Rachel Hayward, psychotherapy trainee, as from November 2007.



### Teaching and Training

We have a busy teaching and training schedule throughout the year. There is a weekly psychosocial meeting, attended by many of the St Mark's doctors, nurses and other health care professionals (dietitians, pharmacists, etc.). At the weekly psychosocial meeting both in-patients and out-patients are discussed to help with their management. There are also weekly teaching seminars for the Biofeedback nurses, the Nutrition and IBD teams, and monthly sessions for the St Mark's Dieticians and the Polyposis team.

The Psychological Medicine Unit is involved in a substantial amount of formal teaching. This includes teaching to undergraduate medical students, to the postgraduate visitors to St Mark's, on external and internal courses for specialist nurses and more widely afield. Julian Stern has lectured widely on his work at St Mark's to Psychiatry and Psychotherapy units within the UK including at the annual meetings of the Royal College of Psychiatrists, BSG and BAPEN; and once more the Psychological Medicine Unit has contributed to the St Mark's Annual meeting "Frontiers in Intestinal & Colorectal Disease" in 2007 and 2008.

Together with the Burdett Institute we have provided "Gut in Mind" Masterclasses directed towards clinical nurse specialists from throughout the UK as well as teaching on many of the other Burdett specialised courses.

### Research

Recently, together with Sonya Chelvananyagam, Dr Anton Emmanuel, and Prof Christine Norton we have successfully bid for a grant to research and the prevalence and presentation of eating disorders at St Mark's Hospital. In addition, The Psychological Medicine Unit is involved in a number of research projects, including the Sacral Nerve Stimulation project, and researching self-harm in HPN patients.

### Additional Developments

The PMU is actively involved with the new IF (Intestinal Failure) unit, and will provide clinical support to patients as well as ongoing consultations to staff members in the IF Unit.

Esther Serrano-Ikkos has taken the lead on preparing patient information leaflets both for in-patients, pre-operative patients and out-patients.

### Summary

These have been an exciting and positive years for the Psychological Medicine Unit. We trust that 2009 will prove to be as productive and we hope to build on the advances made in 2007 and 2008.

Finally, and on a sad note, we marked the death of Alexis Brook, formerly honorary Consultant Psychotherapist at SMH, who died in 2007. He played a pre-eminent role in the interest in psychological input at SMH, which has borne fruition in subsequent years with the creation of the PMU.

A conference in his honour was held at the Tavistock Centre in Autumn 2008, and Julian Stern both presented a paper and co-organised this successful and moving conference. We were pleased to welcome at the meeting many old (and young!) SMH

Colleagues, many of whom made public their memories of Alexis-John Northover, John Lennard-Jones, John Nicholls, Annie Driscoll, Susanne Wood and Helen Dorey to name a few.

An obituary, published in the Guardian newspaper, is published at the end of the biennial report.

**Julian Stern**  
Head of Unit

## Nursing Stoma Care Department

### Lead Nurse Stoma Care

Angela Vujnovich Rcn,  
Cert in Stomal Therapy

### Pouch Care Nurse Specialist

Zarah Perry- Woodford RGN Adult

### Stoma Care Nurse Specialists

Rebecca Slater, RGN, BSc  
Colorectal Nursing  
Sarah Varma RGN, Dipn  
Elissa Bradshaw RGN Adult

### Administrator

Kathaleen Hannan

The last two years have proved to be exceptionally busy for the stoma care department.

Over the last 2 years patient contacts have increased by 25% and the number of new stomas formed has increased by 49%. This extra workload has undoubtedly meant at times we have had to ration our services.

Once again we continue to have some staffing changes. Ellie moved to the Biofeedback Department at St Marks. We wish her well in her new position. Rebecca joined the department from Sainsbury Wing where she was the Clinical Lead Nurse. Prior to joining the department Rebecca successfully completed the BSc and MSc stoma courses.

Kathaleen has continued to provide excellent administrative support to the stoma nurses. Patients also love having her friendly voice at the end of the telephone.

Zarah completed an audit looking at the Pouch Nurse Service. This demonstrated how important it is to patients to have a skilled and knowledgeable nurse available to them when attending clinic, as inpatients or via the telephone helpline.

Zarah and Sarah organised the yearly Red Lion and Inside Out patient open days. The excellent attendance at both days underlined the importance of these days to patients.

Sarah and Angela continued studying towards their BSc and MSc respectively, with Sarah completing her dissertation on colostomy irrigation. Zarah has started her MSc. In stoma or pouch care there is very little nursing research

and most of the care we provide has very little or no evidence to support it. The members of the team hope the research that they will be undertaking will add to this pool of research and untimely benefit patient care.

All members of the department continue to teach on various study days including the BSc and MSc stoma courses which are run by the Burdette Institute of Gastrointestinal Nursing and Kings College London.

Several members of the department, including Jennie Burch who used to work in the department, wrote several chapters on stoma care that was published in the Oxford Handbook of Gastrointestinal Nursing.

With the introduction of the enhanced recovery programme the department changed the way patients were taught to become independent in managing their stoma. An audit of these new teaching methods demonstrated patients were gaining independence in managing their stoma in less than 5 days, compared to 6 days previously. This reduction in days to independence will allow patients to go home sooner and therefore assist the Trust in reducing patient's length of stay. The department will continue to refine these methods with the aim of patients becoming independent in managing their stoma in 4 days.

In July 2007 both Zarah and Angela announced they were pregnant and were due within 6 weeks of each other. Despite several attempts to recruit internal and external staff, the department was unsuccessful in attracting anyone to cover the two episodes of maternity leave.

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This left the department with only Sarah and Rebecca to continue to provide a service to patients from January- September 2008. This was an extremely difficult time for the department however they both, along with the support from Kathaleen continued to provide an excellent service to patients.

On a happier note Zarah welcomed Jake and Angela welcomed Sienna.

**Angela Vujnovich**  
Lead Nurse

## Academic Department of Cellular Pathology

### Consultant Histopathologists

Thomas Guenther MD PhD Priv-Doz  
Dr med habil  
Lucy Harbin MBBS BSc MRCP MRCPATH  
Dr Adriana Martinez FRCPATH  
(locum consultant)

### Specialist Registrars

Manjiri Desmukh  
Philip Idaewor  
Hassan Sandhu  
Sonal Muthukumar  
Yu-Min Tan  
Lutful Wahab

### Professor Jeremy Robin Jass

The year was dominated by the terrible loss of Professor Jeremy Jass, who sadly passed away on 30 November 2008. Jeremy had already worked at St Mark's from 1984 to 1988 and had replaced Basil Morson as the consultant pathologist at St. Mark's after Basil retired in 1986. Before Jeremy returned to St Mark's in January 2007 he was a Canada Research Chair at McGill University and has also held senior academic positions at the University of Queensland and University of Auckland. It has been Jeremy's wish to come back to St Mark's to finish his great professional career and to look after his father who is living in the UK. After only nine months working at the "new" St Mark's, Jeremy was diagnosed with a glioblastoma.

It was an honour and a privilege to have worked with Jeremy Jass, who not only was one of the leading gastrointestinal pathologists in the world, but was a wonderful, kind and warm man.

### Gastrointestinal histopathology service

The increase in workload for the St Mark's Academic Department of Histopathology continued in the year 2008, with an excess of 12000 biopsy and resection specimens being reported.

Despite the lack of funding, the department continued to report biopsies and subsequent resection specimens derived from the NHS Bowel Cancer Screening Programme. Immunohistochemical staining for the DNA mismatch repair proteins in order to enhance the detection of those tumours associated with MSI, introduced during the previous year is now up and running.

Both the weekly gastrointestinal Multi Disciplinary Meetings and the gastrointestinal biopsy meetings continued to be fully supported by the department.

The GI histopathology service has supported various clinical trials during the course of the year.

In August Dr Lucy Harbin returned from maternity leave.

When Dr Martinez went on maternity leave in October 2008 the specialised GI histopathology service at St Mark's was down to 1.75 WTE, later supported by locum consultants for the rest of the year.

With the reduced specialised service to cover the GI histopathology workload of our tertiary referral hospital it has been again extremely difficult to maintain the high standard of our department.

There was however light at the end of the tunnel when Dr Antonella Savio from Italy has been appointed as a GI histopathology consultant early in December with an expected starting date in February 2009.

### Academic activities

The histopathology department continued to contribute to the academic programme at St Mark's, including St Mark's Ground Rounds, the 41st St Mark's Association Day in October and the International St Mark's Congress "Frontiers in Intestinal and Colorectal Diseases" in December.

Thomas Guenther and Lucy Harbin lectured at the St. Mark's postgraduate courses in 2008.

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A major academic event in 2008 was the appointment of Thomas Guenther as extraordinary Chair of Pathology at the Otto-von-Guericke University Magdeburg, Germany following 14 years of continuous research and teaching at his alma mater, where he had already been associated professor for the last six years.

Complementary to his role at St Mark's he continued his projects with various international research groups focussing on specific aspects of the pathogenesis of colorectal carcinoma and inflammatory bowel disease.

**Thomas Guenther and Lucy Harbin**  
Consultant Histopathologists

## Surgery

### Consultant Staff

Professor R.J. Nicholls  
Professor J.M.A. Northover  
Professor R.K.S. Phillips  
Miss C.J. Vaizey  
Mr. R.H. Kennedy  
Miss S.K. Clark  
Mr. P.J. McDonald  
Mr. S.D.C. Chadwick  
Mr. S. Gould  
Barry Paraskeva  
Janindra Warusavitarne  
Marion Jonas O'Bichere  
Omar Faiz  
Thanesan Ramalingam  
Richard Baker  
Simon Phillips

### Laparoscopic Fellows

Richard Slater  
Garth Beattie

### RSO

Chris Byrne  
Faisal Abbasakoor  
Marcus Gore  
Charles Knowles  
Barry Paraskeva

### SHO

Catherine Western  
Matt Stephenson  
Jo Manson  
Nishal Amin  
Rebecca Himpson  
Nick Symons  
Alex Almoudaris  
Aruna Munasinghe  
Sabina Rashid  
Mansour Husain  
Reshma Patel  
Kate Starr-Marshall  
Marwa El-Zanfaly  
Helen Laycock  
Mohammed Atuf  
Adam Jones

### Research Fellows

Tim Brown  
Alex Hardy  
Partha Das  
Rebecca Himpson

### Perioperative Nurse Practitioners

Susheela Robinson  
Steve Wright

### Annual Report from the Department of Surgery

The past two years have seen some exciting developments for the surgical department at St Mark's. We have been joined by Ian Jenkins an excellent laparoscopic surgeon with a major teaching interest. The new laparoscopic theatre was opened by Lynn Faulds Wood and John Stapleton on the 17th November 2008.

We have currently advertised for a second intestinal failure surgeon with a major academic interest.

### John Northover

In July John Northover assumed the Presidency of the Association of Coloproctology of Great Britain and Ireland. An early challenge was to take part in the surgical response to the Modernising Medical Careers debacle and, with his US and Australian counterparts, to plan the 2008 Tripartite meeting in Boston. He continues as Civilian Consultant Adviser to the Army, as Chair of the Medical Research Council's Data Monitoring and Ethics Committee for colorectal cancer trials, and as a member of the Board of Directors of the James IV Association of Surgeons. He took part in the 18th International Colorectal Disease Symposium in Fort Lauderdale, Florida in February. The next month he led the European School of Oncology's Colorectal Masterclass in Malta, returning there for the European Society of Coloproctology in September. He represented the Association of Coloproctology at the Association of Surgeons' annual meeting in Manchester in April, later that month giving three lectures at the 24th Congress of the Northern Brazilian Society of Coloproctology. In May there were seven lectures to deliver at the Buenos Aires' 7th International Colorectal Surgical Symposium. In June he attended the Paris meeting of the RSM

Section of Coloproctology. In November he attended the Cleveland meeting of the Society of Pelvic Surgeons.

### Robin Phillips

Robin Phillips continued as Clinical Director, Director of the St Mark's Polyposis Registry, Joint Administrative Director of INSIGHT (the International Society for the Investigation of Gastrointestinal Hereditary Tumours), Civilian Consultant in Colorectal Surgery to the Royal Navy, Co-Editor for Techniques in Coloproctology (standing down in 2008), and on the Editorial Boards of Diseases of the Colon and Rectum (retiring in 2008) and also of Familial Cancer and Clinics in Colon and Rectal Surgery. He completed his term as President of the Section of Coloproctology of the Royal Society of Medicine and continues as Chairman of the Research Governance Committee for the Trust.

Olivia Will continues her PhD jointly supervised with Sue Clark and Professor Ian Tomlinson (see Polyposis Report for details). In 2008 Andy Latchford was awarded his thesis on desmoid tumours in FAP. Phil Tozer commenced his thesis work on anal fistula in 2008, jointly supervised with Dr Ailsa Hart. Ruchi Tandon, working with Miss Carolynne Vaizey and Dr Paul Sibbons on issues of intestinal failure, adhesions and meshes, also came under his joint supervision.

Dr Waheeb Al-Kubati from Jordan completed his time at St Mark's as an Honorary Assistant and was succeeded in 2007 by Dr Mario Di Miceli from Italy, who was in turn followed in 2008 by Ioannis Papaconstantinou. Robin produced 17 peer reviewed journal articles and 6 chapters. He remains External Examiner for the University of Galway and was the 2007 Ernestine Hambrick Lecturer of the American Society of Colon and Rectal Surgery, giving his oration on Anal Fistula. In 2007

he contributed to a Masterclass in Cardiff and otherwise took part in meetings in Sweden, Japan, Italy, France, Turkey, Malta and China. In 2008 he lectured in Nuneaton, Nottingham, Fort Lauderdale, Italy, Spain, Turkey (twice) and Brazil, and ran a week long surgical masterclass in Karachi, Pakistan.

#### Carolynne Vaizey

Carolynne has continued as the Chairman of Surgery at St Mark's and remains the lead surgeon for pelvic floor problems and for intestinal failure. She also took over as the Director of the physiology unit in December of 2007 following the departure of Professor Kamm to Australia.

The workload for Intestinal Failure Unit continues to grow with plans for a larger dedicated ward for these patients. Ruchi Tandon was appointed as the first surgical research fellow in intestinal failure.

Tom Dudding has completed his MD on neurostimulation and the new incumbent, Mr Anil George continues to do this most interesting work. Additionally she is now co-supervisor of a PhD student in neurostimulation with Soren Lauberg in Aarhus, Denmark. Yasuko Maeda has completed her research time at St Mark's and her thesis on new, non-invasive treatments for passive faecal incontinence and other anorectal disorders is near completion. She has moved to Aarhus and continues to do research with Professor Lauberg, having learnt to speak Danish in a remarkably short period of time.

Maria Elena Molina from Santiago in Chile and Jose from Lisbon were Honorary Clinical assistants with Miss Vaizey, each for 6 months. Amongst other meetings Carolynne was an invited speaker at The Advanced Sacral Nerve Stimulation course in Madrid, the International forum of colorectal and anal disease in Shanghai in China, the American Society of Colon

and Rectal surgery in Boston, and the UKHPN meeting and the Advanced Forum on Obstetric Negligence in London.

She also attended the First European Intestinal Failure Group meeting in Amsterdam and was appointed as a member of the government's HIFNET committee looking at IF services throughout England. She was also on the UK advisory board for the treatment of inflammatory bowel disease.

#### Robin Kennedy

The last two years have seen many developments in laparoscopic surgery at St Mark's Hospital. The Trust approved the investment of £500,000 to install a purpose built operating theatre for laparoscopic surgery. This improves the quality of service offered to patients and the high definition imaging considerably enhances teaching. After careful selection St Mark's partnered with Olympus and have installed one of the most advanced facilities in the UK.

The government lead on cancer, Professor Mike Richards, asked for a clinical lead to set up a National Training Programme for consultants taking on laparoscopic colorectal surgery. This has now been rolled out around England and St Mark's has been selected as one of the training centres.

Throughout the year we have been fortunate to have many well qualified young surgeons working with us and three of them - Ian Jenkins, Gianluca Colucci and John Evans - have forged ahead with the development of our training videos. We have continued to run the Enhanced Recovery training symposia for teams from around the country and also have organised training courses on laparoscopic colorectal surgery in St Mark's. Invitations have allowed the opportunity to teach and learn from surgeons in a number of locations including, Hong

Kong, Jeddah, Fort Lauderdale, Paris, Boston and Barcelona.

#### John (Ian) Jenkins

Ian joined the St. Mark's staff in October 2008 as Colorectal Surgeon with a specialist interest in Laparoscopic Surgery. Since starting his appointment there has been a strong emphasis on teaching and training and he has assisted in the development of training of advanced laparoscopic colorectal surgery in St. Mark's, training both the Ethicon Endosurgery Laparoscopic Fellow and RSOs.

He contributes as a speaker to the Enhanced Recovery Symposia, Laparoscopic Colorectal Course and Frontiers meetings at St. Mark's. Invitations to lecture and perform live surgery both locally and nationally have followed with requests from places such as China and Romania. He is a trainer for the National Laparoscopic Training Programme and contributor to the EnROL trial and he teaches on Laparoscopic Animal and Cadaver Courses.

Book chapters on Laparoscopic Surgery & Enhanced Recovery and Surgical Management of Lower Gastrointestinal Bleeding are in press and in process, respectively. He is building a research base as collaborator in the assessment of Laparo-endoscopic techniques [St. Mark's MIS Group] and training methods in Advanced Laparoscopic Colorectal Surgery with Professor George Hanna at Imperial College. It is anticipated that different research ventures, currently underway will appear in print in the next year or so. In addition to developing a practice centred mainly upon Laparoscopic colorectal and intestinal resection, he is developing, with Mr Kamal Iskander, Consultant Gynaecologist from NPH, laparoscopic resection of rectovaginal and intestinal endometriosis.

## Surgery cont.

### Sue Clark

Sue Clark continues as Assistant Director of the Polyposis Registry and as a member of Council of the Section of Coloproctology of the Royal Society of Medicine, the Committee of the Surgical Section of the British Society of Gastroenterology, and the Education and Training sub-committee of the Association of Coloproctology. She has been acting as a peer-reviewer for National Cancer Peer Review (London Zone).

Varut Lohsiriwat from Thailand has successfully completed his MSc in surgical sciences at Imperial College, with a thesis on the unhealed perineum.

Current research fellows include: Simon McLaughlin, who is working on his MD on the effects of probiotic on the bacterial flora of ileoanal pouches; Parth Paskeran who has now taken the project on; Olivia Will (PhD), jointly supervised by Professor Ian Tomlinson, investigating pathways of carcinoma formation in the ileoanal pouch and within colorectal adenomas; Julie Cornish (jointly supervised by Paris Tekkis) who is working towards an MD on female sexual and reproductive function after ileoanal pouch surgery; Alex von Roon, working on Metabonomic studies of pouch pathology; Ashish Sinha who is undertaking imaging and cell culture studies of desmoids.

Sue was an invited speaker at Royal Society of Medicine Section of Coloproctology overseas meeting in Paris, the Paediatric Colorectal Society in York and the Pan-Thames Cancer Genetics Group meeting in London. She attended the Collaborative Group of the Americas on Inherited Colorectal Cancer annual meeting in San Diego, where she was awarded the prize for the best podium presentation.

### Peter McDonald

Peter has been at the hospital since 1993 and runs a busy colorectal

surgical practice in St. Mark's as well as supporting the General and Gastroenterological service in Northwick Park Hospital. In the last two years he has moved to laparoscopic colorectal surgery and complements the growing laparoscopic practice in the hospital.

As Sub-Dean and now Senior Clinical Tutor he is involved in teaching and supporting the dean with postgraduate courses and continues to run the immensely popular advanced colorectal workshops.

He is Chairman of the Medical Staff Committee. He continues to be an Honorary Senior Lecturer at Imperial College and an External Examiner for the University of Birmingham. During this last two years he has given lectures at:

The RSM winter meeting in Morzine, France  
- "A Little More History of Proctology"  
The RSM Paris Coloproctology meeting  
- "The Secret of Gemellus"  
The Pelican Centre, Basingstoke  
- "MDT - the controversies"  
The Nick Taffinder Colorectal day, William Harvey Hospital, Ashford  
- "Much more than a Master Surgeon"

He was also the Visiting Professor at the International Meeting of Surgery in Madrid and the in the Visiting Professor in Crohn's Surgery in Oporto, Portugal.

He has made several appearances on BBC Radio 4 and on BBC 2 TV and in 2005 appeared on "word of mouth" talking on BBC Radio 4 about medical language. Locally he has raised money for research by performing in local charity musical evenings. He continues to support research into rectal cancer and is a regular columnist in "Hospital Doctor" and "Colorectal Disease".

### Stephen Chadwick

Mr Chadwick continues to run an outpatient clinic at St Mark's. He also continues to attend national and international meetings and support academic events at St Mark's Hospital.

He presented papers at the Society of Academic Research Surgery (SARS). He was appointed Chairman of the Medical Equestrian Association and led a group of 5 doctors to Hong Kong to help prepare for the equestrian Olympic events. He was awarded an Honorary Academic post at the Chinese University at Hong Kong teaching on courses that he has developed in the UK. Part of the first talk was given in Cantonese. He published papers on laparoscopic surgery on Hernia repair. Mr Chadwick is a Council member of the Association of Laparoscopic Surgery and President of the League of Friends at Northwick Park Hospital. He continues to enjoy participating at carriage driving but he admits as he and his horses are moving towards middle age he is doing this with a less competitive spirit than before

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**Carolynne Vaizey**  
Chair of Surgery





## Obituaries

### Alexis Brook

Alexis Brook, a consultant psychiatrist and psychotherapist at the Tavistock clinic in London, has died aged 87. Throughout his career, his specific interest lay in working with other professionals to discover what contribution a psychotherapist might make to their area of work. It began at the Cassell hospital in Richmond, Surrey, with seminars for GPs, and this led to him sitting in each week with a GP during surgery hours. This was an unheard of, novel idea, but proved to be of great benefit. When he went to the Tavistock, he encouraged a number of staff members and trainees to become part-time therapists attached to neighbourhood GP practices. This choice of career sprang from an experience he had with the Royal Army Medical Corps during the second world war. When the numbers of soldiers falling ill with malaria, dysentery and venereal diseases rose, he was afraid he would be castigated for not providing adequate medical care.

"To my surprise and relief, no one took any notice of me," he said later. The person who was on the mat was the battalion commander, who was asked to explain to his superiors what was wrong with his leadership that had caused such low morale." Viscount Slim, then commander-in-chief in Burma, was one of the few who recognised that these figures were indices of morale. If morale was high, fewer soldiers fell ill.

This approach to organisational health was introduced to the army by JR Rees, medical director of the Tavistock clinic, who had become psychiatric adviser to the army. From then on, Alexis maintained a lifelong interest in the interaction between psyche and soma. He was born in Chiswick, south-west London, the son of Russian parents who had fled their home country for

political reasons. He was educated at St Paul's school, where he was a junior and senior scholar. Having decided to become a doctor, he studied at Cambridge and received his clinical training at the Middlesex hospital, qualifying in 1943.

He served with the Royal Army Medical Corps from 1944 to 1947 in India, Burma and Indo-China (now Vietnam), and trained as a psychiatrist at the Maudsley hospital, south-east London, and Napsbury, near St Albans. His appointment to the Cassell hospital led him to specialise in psychoanalytic psychotherapy.

In 1971, Alexis became a consultant at the Tavistock clinic. This suited him well, as it had always had a tripartite aim: to provide clinical work for outpatients; engage in postgraduate training in psychotherapy; and be involved in community projects. Indeed, at first, he combined a part-time job at the clinic with a senior lectureship at St Bartholomew's hospital, as well as being a consultant in mental health to the London borough of Islington. Later, he had a full-time appointment at the Tavistock and in the last six years was chairman of the professional committee, establishing the Tavistock Foundation to raise extra funds for training and research projects, and setting up the annual public lecture series.

As vice-chairman of the Tavistock clinic, I worked closely with him, admiring his constant good humour at committee meetings, his meticulous knowledge of the finances and his polite, patient dealings with ever-changing civil servants at the Department of Health in disputes over funding. While at the Tavistock, Alexis also ran seminars for occupational health physicians. He had a particular interest in the study of the emotional environment within organisations and worked to identify the

factors that contributed to high levels of stress in the individual. As a result, Alexis became a member of a working party that prepared a report for the Robens committee on health and safety at work. He also organised a course on occupational health at the London School of Hygiene.

After his retirement from the NHS in 1985, he became an honorary consultant psychotherapist at St Mark's hospital, Harrow. There, he highlighted the contribution a psychotherapist could make to the work of a hospital in dealing with disorders of the gut. His work was so successful that when he left, a post for a permanent consultant psychotherapist was established.

In 1992 Alexis initiated a project in psychosomatic ophthalmology, studying the emotional difficulties that might contribute to eye disorders. As a part of this work, he again worked in a GP practice in London, also running seminars at the Tavistock for various professionals in the field of ophthalmology, and taking part in a symposium at Moorfields hospital.

He was beloved by all who knew him - his family, patients, students, colleagues and professionals in many related fields of work. He was gentle, warmhearted, thoughtful, treating everyone with great respect and encouraging their creative potential.

Alexis is survived by his wife Ruth, his brother Peter, two children from his first marriage, Rebecca and Tim, his two stepdaughters, Jane and Susie, and his grandchildren.

**Obituary from the Guardian**

## Professor Jeremy Robin Jass

Professor Jeremy Jass died on Sunday, 30 November 2008 after a long fight, bravely fought, against a malignant glioma of the brain. For the past 20 years, Jeremy has been one of the most outstanding gastrointestinal researchers in the world and is in the very highest echelons of gastrointestinal pathologists worldwide. In his career, he has won many important awards and prizes. His last, the Goudie lecture and medal of the Pathological Society of Great Britain and Ireland, is testament to his standing as this is the top award for pathological research in the UK.

What made him such an outstanding researcher? First and foremost, he was an original thinker. A few years after we both left St Mark's Hospital in London, one of us (NAS) was asked by one of our former surgical colleagues 'What was it like to work with Jeremy Jass?' The reply would have surprised some: 'Well, it was actually quite depressing'. Neil explained that Jeremy and he would come in on a Monday morning and Jeremy would have had ten new and brilliant research ideas. Neil, one or two and most of them bad. It was so very difficult to compete with his intellect and originality of thought.

He had a prodigious output of more than 300 original papers, any number of chapters and many books. He had a particular talent for writing and his papers were always clear and insightful and so very well produced and constructed. Amongst the more academic texts, he wrote a superb textbook for medical students.

Jeremy was always challenging dogmas and perceived wisdoms in his research. For example, more than 25 years ago he wrote a seminal article in the *Lancet* challenging the universally held

belief that the metaplastic polyp (now universally known as the hyperplastic polyp) was entirely benign. Whilst few if any believed him then, his work, and that of others, has subsequently shown that the pathway involving this lesion accounts for up to 25% of all colorectal cancers. There is real irony in that one of the important molecular changes that Jeremy and others have shown to be important in this pathway also occurs in the tumour that Jeremy suffered.

Jeremy qualified from the Westminster Hospital in London in 1975 and held early jobs in Pathology there. Amongst the many tributes to him that we have seen is one from his then Professor, now President-Elect of the International Academy of Pathology, Professor Kristin Henry. This is a short extract from her tribute to him:

"What always struck me about Jeremy was not only his high intellect, originality of thought and dedication to his work but his wonderfully kind and gentle personality and complete absence of malice or conceit."

Much of Jeremy's original research at that time was in mucin histochemistry, especially analysing the changes seen in gastric carcinogenesis. He worked closely with Dr Isabel Filipe. At this time, his talents had been recognised by the wider pathological community. One of us (BCM) remembers how he was acknowledged to be a star in the making at a very early stage in his career. Basil was approached by the Director of the ICRF and together they ensured that Jeremy moved, in the early 1980s, to the old St Mark's Hospital and started working more on colorectal carcinogenesis. His partnership with Dr Basil Morson was fruitful and he eventually replaced him as the Consultant Pathologist at St Mark's Hospital, when he retired in

1986. Despite important collaborations, Jeremy also showed how dynamic and single-minded he was with an extraordinary output of work, original papers, chapters and books, including editorship of the flagship UK gastrointestinal pathology textbook, Morson & Dawson's *Gastrointestinal Pathology*.

He always sought new challenges and this is what took him to Auckland, New Zealand, in 1988. Here he met his wife, Johanna. What a partnership theirs has been and Johanna has always very strongly supported Jeremy in his professional work, aided by her background in Histopathology. Their sojourns in Auckland, Brisbane and Montreal were all supremely fruitful and his collaborations with workers in all these places were strong and long-lasting. After some years in Montreal, he looked for new challenges and so his last great challenge was returning to St Mark's Hospital and to Imperial College, London, as Professor of Gastrointestinal Pathology, to join up with friends and colleagues there. Sadly his work was to be tragically cut short by illness.

Jeremy was not just a great researcher. He was a superb clinician and diagnostician. He was very widely read, not just in pathology. He was, in his time, a skilful administrator. What of Jeremy the man? Kristin Henry has eloquently encapsulated him in her dedication of him. We would describe him as a gentle man and a gentleman. We have never heard anyone say anything ill of him. Although he was utterly committed and dedicated to medicine, his life was not just about medicine. He had many outside interests, including being a talented artist and musician.

## Obituaries cont.

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It is tragic for his family, his friends and his colleagues that his life, and his life's work, should be cut short, as there was so much more potential in his work in medicine. However, he does leave behind an exceptional legacy.

The results of his research, especially in colorectal cancer, will remain important for years to come and we have his prodigious volume of work. His influence will live on and we should be grateful for that.

### **Professor Neil A Shepherd**

Professor of Gastrointestinal Pathology,  
Cheltenham General Hospital

### **Dr Basil C Morson**

Consulting Pathologist,  
St Mark's Hospital,



## Publications for 2007

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### Original Publications 2007<sup>1</sup> (January - November) Alphabetically ordered<sup>2</sup>

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#### Dr Naila Arebi

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#### Prof. Wendy Atkin

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#### Dr David Burling

Goh V, Halligan S, Taylor SA, Burling D, Bassett P, Bartram CI. Differentiation between diverticulitis and colorectal cancer: quantitative CT perfusion measurements versus morphologic criteria--initial experience. *Radiology* 2007;242:456-62.

Burling D and European Society of Gastrointestinal and Abdominal Radiology (ESGAR) CT colonography study group investigators. Effect of Directed Training on Reader Performance for CT Colonography: Multi-Centre Study. *Radiology* 2007; 242:152-61.

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Burling D, Halligan S, Atchley et al. CT colonography: Interpretative performance in a non-academic environment. *Clin Radiol* 2007; 62:424-9.

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<sup>1</sup> PubMed source information

<sup>2</sup> Includes book chapters and books

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#### Miss Sue Clark

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